

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90002 020 ***158.75

DOCUMENT # P07000135233

1. Entity Name
YVONNE'S PROFESSIONAL NURSING SERVICES, INC.



40113010

Principal Place of Business
5201 1/2 9TH AVENUE SOUTH
GULFPORT, FL 33707

Mailing Address
5201 1/2 9TH AVENUE SOUTH
GULFPORT, FL 33707



2. Principal Place of Business - No P.O. Box #

5201 1/2 9th Ave South
Suite, Apt. #, etc.
Gulfport, Florida
City & State
33707
Zip

3. Mailing Address

5201 1/2 9th Ave South
Suite, Apt. #, etc.
Gulfport, Florida
City & State
33707
Zip

08092008 Chg-P CR2E034 (12/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUKE, KAI B
5201 1/2 9TH AVENUE SOUTH
GULFPORT, FL 33707

7. Name and Address of New Registered Agent

Name Kai Bryan Luke R.N.

Street Address (P.O. Box Number is Not Acceptable)

5201 1/2 9th Ave South
Gulfport, Florida
City

FL Zip Code 33707

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kai Bryan Luke R.N. Kai Bryan Luke R.N.

8/8/08
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Absolutely Not!!!

10. OFFICERS AND DIRECTORS

TITLE P
NAME LUKE, KAI B
STREET ADDRESS 5201 1/2 9TH AVENUE SOUTH
CITY-ST-ZIP GULFPORT, FL 33707

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kai Bryan Luke R.N. Kai Bryan Luke R.N. 727 215 9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 8/8/08 Daytime Phone #

ATTACHMENT

For: LUKE, KAI B
Sat Aug 9, 2008 5:06 am
Subject: Division of Corporations

From: KAI B LUKE
Taken by: KAI B LUKE (800-737-8661)

Division of Corporations
P.O. box 1500
Tallahassee, FL 32302-1500

40113613
P07000135233

Yvonne's Professional Nursing Services
c/o Kai Bryan Luke R.N.
5201 1/2 9th Avenue South
Gulfport, FL 33707

To Whom It May Concern:

Enclosed you will find the requested documents along with the fees also due at this time. The Notice To Dissolve was the first correspondence that I had received regarding my corporation. The attorney that I retained to handle the aforementioned incorporation did not apprise me that anything else was required of me right away. I can only hope that this satisfied all of the current or past due commitments owing to me at this time. If there are any questions I may be reached at (727)215-9661 or kai_luke864@gmail.com.

Respectfully Yours,

Kai Bryan Luke R.N.

Kai Bryan Luke R.N.