## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 29, 2006 8:00 am Secretary of State DOCUMENT # P94000054071 03-29-2006 90121 035 \*\*\*150.00 1. Entity Name YORKTOWN EQUITIES, INC. Principal Place of Business Mailing Address 40041390 4669 SW FREEWAY 215 N EOLA DR SUITE 400 ORLANDO, FL 32801 HOUSTON, TX 77027 2. Principal Place of Business 3. Mailing Address 4669 Southwest Freeway Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-P CR2E034 (11/05) Suite 400 City & State City & State Houston, TX 4. FEI Number Applied For 59-3262508 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 77027 **HSA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POPE, NICHOLAS A 215 N EOLA DR Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change NAME MITZNER, DAVID NAME STREET ADDRESS 4669 SW FREEWAY 4669 Southwest Freeway, Suite 400 STREET ADDRESS HOUSTON, TX 77027 CITY-ST-ZIP Houston, TX 77027 CITY-ST-7IP TITLE D ☐ Delete TITLE NAME MITZNER, IRA NAME STREET ADDRESS 4669 SW FREEWAY STREET ADDRESS 4669 Southwest Freeway, Suite 400 HOUSTON, TX 77027 CITY-S1-ZIP CITY-ST-ZIP Houston, TX 77027 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MALAE STREET ADDRESS STREET ADDRESS CITY-SJ-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 SIGNATURE:

**FILED** 

713 961 3835

IRA MITZNER, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR