

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000048111					
1. Entity Name YBOR 4, INC.					
Principal Place of Business 1213 E. 6TH AVE. TAMPA FL 33605 US			Mailing Address 1213 E 6TH AVE TAMPA FL 33605 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3319759 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RIEF, FRANK J III #340 442 W KENNEDY BLVD TAMPA FL 33606			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	CURTS, GERALD G		NAME		
STREET ADDRESS	1213 E 6TH AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	GAINES, STEPHANIE D		NAME		
STREET ADDRESS	1213 E 6TH AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	HALL, ROBERT D		NAME		
STREET ADDRESS	1213 E 6TH AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Add
NAME	JONES, CHARLES A		NAME		
STREET ADDRESS	1213 E 6TH AVE		STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		



1st MOORE CR2E034 (10/06)

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STREET ADDRESS 1213 E 6TH AVE

CITY - ST - ZIP TAMPA FL

TITLE D ☐ Delete

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STREET ADDRESS 1213 E 6TH AVE

CITY - ST - ZIP TAMPA FL

TITLE D ☐ Delete

NAME HALL, ROBERT D

STREET ADDRESS 1213 E 6TH AVE

CITY - ST - ZIP TAMPA FL

TITLE D ☐ Delete

NAME JONES, CHARLES A

STREET ADDRESS 1213 E 6TH AVE

CITY - ST - ZIP TAMPA FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

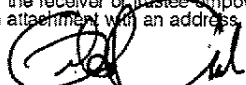
TITLE ☐ Delete

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 Section 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:  GERALD CURTS

1/25/07 813 228 8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #