

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90396 006 ***150.00

DOCUMENT # P99000064115

1. Entity Name
YADA YADA POTTERY, INC.



Principal Place of Business
**822 NORTH DONNELLY STREET
MOUNT DORA, FL 32757**

Mailing Address
**822 NORTH DONNELLY STREET
MOUNT DORA, FL 32757**

50007871



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3587824

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

Name
JULIETTE H DAVIS

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

822 N DONNELLY STREET

City
MOUNT DORA

FL Zip Code
32757

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

Juliette Hogue

(NOTE: Registered Agent signature required when resigning)

4/1/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
HOGUET, JULIETTE F
822 NORTH DONNELLY STREET
MOUNT DORA, FL 32757** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
DAVIS, JULIETTE H
822 DONNELLY STREET
MOUNT DORA, FL 32757** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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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:

Juliette Hogue Juliette Hogue

DATE

4/1/06 352-636-853

Daytime Phone #