2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 26, 2004 8:00 am Secretary of State **DOCUMENT # J84358** 01-26-2004 90051 027 ***150.00 JAMÉS P. YOUNG CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 2127 10TH AVE. 2127 10TH AVE. SUITE E SUITE E VERO BEACH, FL 32960 VERO BEACH, FL 32960 %@40/14666666F& 2. Principal Place of Business 3. Mailing Address 2127 Suite, Apt. #. etc Suite, Apt. #, etc. 01062004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number Vero Beach Jero B 59-2816158 Not Applicable Country \$8.75 Additional USA --5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARGARE YOUNG, MARGARET C. Streel Address (P.O. Box Number is Not Acceptable) 815 23RD AVENUE VERO BEACH, FL 32960 City Vero Beach 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box . Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE ☐ Delete Change Addition TITLE Young , James P. 3000 60th Ave YOUNG, JAMES P. NAME NAME STREET ADDRESS 815 23RD AVENUE STREET ADDRESS VERO BEACH, FL Vero Beach Fl CITY-ST-ZIP CITY-ST-ZIP 1 32966 TITLE ☐ Detete TITLE Change ☐ Addition Young, Margaret C. 3000 6015 Ave NAME YOUNG, MARGARET C. 815 23RD AVE. STREET ADDRESS STREET ADDRESS VERO BCH, FL CITY-ST-ZIP CITY-ST-ZIP Vero Beach, FL 32960 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-ZP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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:

ALE OF SIGNING OFFICER OR DIRECTOR

FILED