

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90026 014 ***150.00

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|---|---|---|--|
| DOCUMENT # 339820 1. Entity Name WILLIAM YOUNGERMAN, INC. | |  | |
| Principal Place of Business 95 S. FEDERAL HWY SUITE 203 BOCA RATON, FL 33432 US | | Mailing Address 95 S. FEDERAL HWY SUITE 203 BOCA RATON, FL 33429 US | |
| 2. Principal Place of Business 150 E. PALMETTO PK RD Suite, Apt. #, etc. SUITE 101 City & State BOCA RATON FL Zip 33432 Country USA | | 3. Mailing Address 150 E. PALMETTO PK RD Suite, Apt. #, etc. SUITE 101 City & State BOCA RATON FL Zip 33432 Country USA | |
| 4. FEI Number 59-1228014 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent YOUNGERMAN, WILLIAM 5600 RICO DRIVE BOCA RATON, FL 33487 | | 7. Name and Address of New Registered Agent 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 <u>WILLIAM YOUNGERMAN, PRESIDENT</u> DATE <u>1/6/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P YOUNGERMAN, WILLIAM 5600 RICO DRIVE BOCA RATON, FL | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>WILLIAM YOUNGERMAN</u> DATE <u>1/6/05</u> 561-368-7707 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |