

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 508079

1. Entity Name
WILLIAM T. YOUNG & ASSOCIATES, INC.



Principal Place of Business
**1057 S CLEARVIEW AVE
TAMPA, FL 33629**

Mailing Address
**1057 S CLEARVIEW AVE
TAMPA, FL 33629**



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1689060

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**YOUNG, WILLIAM T. JR.
4706 NEPTUNE
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000741463
05/15/07-80029-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YOUNG, WILLIAM T. JR.
STREET ADDRESS 4600 W. CYPRESS ST.
CITY-ST-ZIP TAMPA FL,

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CITY-ST-ZIP

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IN THIS SPACE**

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: William T. Young Jr 4/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #