## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

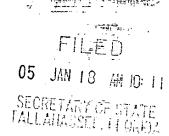
**DOCUMENT #605119** 

1. Entity Name
YOUNG VAN ASSENDERP, P.A.



Principal Place of Business 225 S. ADAMS ST. SUITE 200 POST OFFICE BOX 1833 TALLAHASSEE, FL 32301 Mailing Address

225 S. ADAMS ST. SUITE 200 POST OFFICE BOX 1833 TALLAHASSEE, FL 32301





O NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

59-1480346

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, ROY C 225 S. ADAMS ST. ST. 200 SUITE 200 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement	ent for the purpose of c	changing its registered of	fice or registered age	nt, or both; in th	ne State of Flo	rida. I	am familiar with, and acc	cept
the obligations of registered agent.	4			-				•

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating

- DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS ANI	D DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUFORD, TASHA O 225 S. ADAMS ST. TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VAN ASSENDERP, H. KENZA 225 S. ADAMS ST #200 TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, ROY C 225 S. ADAMS ST #200 TALLAHASSEE, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

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DO NOT WRITE IN THIS SPACE

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: A

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/7/05

--850-222-7206

Daytime Ph

Date