2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JAN 18 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 605119

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

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

01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

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

000045552800
01/28/05--01011--009 **150.00

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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: X _____ 1/7/05 850-222-7206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #