## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 08:00 AN Secretary of State **DOCUMENT # F94000005046** YOUNG LAND GROUP, INC. Principal Place of Business Mailing Address 8833 PERIMETER PARK BLVD 8833 PERIMETER PARK BLVD **SUITE 1104 SUITE 1104** JACKSONVILLE, FL 32216 . JACKSONVILLE, FL 32216 01242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 58-2133947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent YOUNG, JAMES R DO NOT WRITE 8132 WEKIVA WAY JACKSONVILLE, FL 32256 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550,00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PTSD TITLE YOUNG, JAMES R NAME STREET ADDRESS 8132 WEKIVA WAY CITY-ST-21P JACKSONVILLE, FL 32256 TITLE NAME 05/16/07-80004-002·150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

NATURE AND TYPED OR INJINTED NAME O

James R Your

1-25-07

904-993-238

**FILED** 

Daytime Phone #