

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # G06983					
1. Entity Name ROBERT N. YOUNG & ASSOCIATES, INC.					
Principal Place of Business P.O. BOX 522 THONOTOSASSA FL 33592			Mailing Address P.O. BOX 522 THONOTOSASSA FL 33592		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2226376 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YOUNG, ROBERT N. 4806 ALLIGATOR BOB'S PLACE PLANT CITY FL 33565				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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TS	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	YOUNG, ELLEN G.			NAME	
STREET ADDRESS	4806 ALLIGATOR BOB'S PL			STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565			CITY-ST-ZIP	
TITLE	PD	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	YOUNG, ROBERT N			NAME	
STREET ADDRESS	4806 ALLIGATOR BOB'S PL			STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert N. Young **3-28-06 813) 986-3008**