

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # J17428

1. Entity Name
YOUNG REPAIR AND FABRICATION, INC.



Principal Place of Business

**7100 US 27 SOUTH
SEBRING, FL 33870**

Mailing Address

**7100 US 27 SOUTH
SEBRING, FL 33870**



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**YOUNG, NOLAN
7100 US 27TH SOUTH
SEBRING, FL 33870**

**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

Signature, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, HAROLD F 7100 US 27 SOUTH SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST YOUNG, NOLAN 7100 US 27 SOUTH SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YOUNG, DUSTY 7100 US 27 SOUTH SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/30/04-80065-014 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 8633853033

Date

Daytime Phone #