2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J92835

1. Entity Name

YOUNG, BROOKS & PEFKA, P.A.



FILED Mar 22, 2006 08:00 Al Secretary of State

Principal Place of Business

1860 FOREST HILL BLVD.

SUITE 201

W PALM BEACH, FL 33406

Mailing Address

1860 FOREST HILL BLVD.

SUITE 201

W PALM BEACH, FL 33406



DO	NOT	WRITE	IN	THIS	SPACE
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02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0005133

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, STUART #201 1860 FOREST HILL BLVD.

1860 FOREST HILL BLVD. WEST PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

8.	e 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 an	nd accept
	e obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered egont and title if applicable

(NOTE, Registered Agent signature required affait (Chideling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEFKA, DAVID 1860 FOREST HILL BLVD., SUITE 201 W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY'-ST-ZIP	T BROOKS, ELLIOT R. 1860 FOREST HILL BLVD W PALM BEACH, FL
TITLE Name: Street address City-St-Zip	PD YOUNG, STUART A. 1860 FOREST HILL BLVD., #201 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STORET ANDRESS	

U00000476792 04/06/06-80024-016 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 free every of trustee employee et 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 attackment with an address. If the directive employee etc.

SIGNATURE

TATLE
NAME
STREET ADDRESS
CITY-ST ZP

GNATURE AND TYPED OR PRINTED VAME OF SI

OFFICER OR DIRECTOR

3/20/06 50

541-433

Daytime Phone