2007 FOR PROFIT CORPORATION

08:00 Al ate

| ANNUAL REPORT | | | | Apr 23, 200 / 08:00 | | | |
|--|--|---|--|--------------------------|------------------------|------------------------|---------------------|
| 1. Entity Nam | MENT # K04866 YOUNG DEVELOPMENT CO | DRPORATION | | | | Secret | ary of Sta |
| Principal Plac 3517 HWY 1 ORANGE PAR | | Mailing Address PO BOX 1834 ORANGE PARK, FL 32067 | US | | | | |
| D | OO NOT WRITE | CE | 01082007 No Chg-P CR2E034 (11/05) 4. FEI Number | | | | |
| • | 6. Name and Address of Current Re | gistered Agent | | ' | | · · · · · · | |
| | DAVID G. TMYRTLE LN PARK, FL 32073 | DO NOT WRITE IN THIS SPACE | | | | | |
| | named entity submits this statement for the | ne purpose of changing its register | ed office or register | ed agent, or bot | h, in the State of Flo | rida. 1 am famili | ar with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and | tile if applicable (NOTE: Registere | nd Agent signature required | when reinstating) | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | .00 May Be ed to Fees | _ | | |
| 10. | OFFICERS AND DI | RECTORS | | <u>_</u> | | | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, BERNARD 1827 HOLLY FLOWER LN ORANGE PARK, FL | | <i>:</i> . | | | | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD JOHNSON, GARY 11820 BENJAMIN CT JACKSONVILLE, FL | | | | 00/03/ | 00007260: 407-8005(| 38 3-002 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD YOUNG, DAVID G. 2023 SALT MYRTLE LN ORANGE PARK, FL | | | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | | IN THIS SPACE | | | | |
| TITLE NAME | | | | | | | |

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

DAVIOG. YOUNG

804-269-1377