

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91229 049 \*\*\*150.00

<b>DOCUMENT # K12218</b> 1. Entity Name <b>DEYOUNG PROPERTIES, INC.</b>					
Principal Place of Business <del>6442 U.S. HWY 27 SO.</del> <del>SEBRING, FL 33876-5735</del>				Mailing Address <del>6442 U.S. HWY 27 SO.</del> <del>SEBRING, FL 33876-5735</del>	
2. Principal Place of Business <b>6409 TRACTOR ROAD</b> Suite, Apt. #, etc.		3. Mailing Address <b>6409 TRACTOR ROAD</b> Suite, Apt. #, etc.			
City & State <b>SEBRING, FL</b>		City & State <b>SEBRING, FL</b>		4. FEI Number <b>59-2866452</b>	
Zip <b>33876-5740</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DEYOUNG, LINDA S</b> <del>6442 U.S. HWY 27 SO.</del> <del>SEBRING, FL 33876-5735</del>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6409 TRACTOR ROAD</b> City <b>SEBRING</b> <b>FL</b> Zip Code <b>33876-5740</b>	
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DEYOUNG, CURTIS J</b> <del>6442 U.S. HWY 27 SO.</del> <del>SEBRING, FL 338765735</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6409 TRACTOR ROAD</b> <b>SEBRING, FL 33876-5740</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>DEYOUNG, LINDA S</b> <del>6442 U.S. HWY 27 SO.</del> <del>SEBRING, FL 338765735</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6409 TRACTOR ROAD</b> <b>SEBRING, FL 33876-5740</b>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Director</b>			4-30-04 (863) 386-0330		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		