

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # K62371

1. Entity Name

FABEC/YOUNG & COMPANY



Principal Place of Business

C/O JOAN FABEC
4360 GULFSHORE BLVD, N., STE. 604
NAPLES FL 34103
US

Mailing Address

C/O JOAN FABEC
4360 GULFSHORE BLVD., N., #604
NAPLES FL 34103
US



2. Principal Place of Business - No P.O. Box #

4360 G.S.B. N., #604

3. Mailing Address

Suite, Apt. #, etc.

Naples, FL

Suite, Apt. #, etc.

Same

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

34103

Country

Collier

Zip

Country

4. FEI Number

65-0106700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FABEC, JOAN
4360 GULFSHORE BLVD., N
#604
NAPLES FL 33940

7. Name and Address of New Registered Agent

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

Joan C. Young

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE: DV ☐ Delete
NAME: FABEC, JOAN
STREET ADDRESS: 520 SECOND AVE. NO.
CITY- ST- ZIP: NAPLES FL

TITLE: D ☐ Delete
NAME: YOUNG, SUZANNE
STREET ADDRESS: 520 SECOND AVE. NO.
CITY- ST- ZIP: NAPLES FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP: 000000647307
03/06/07-80066-023 150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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NAME:
STREET ADDRESS:
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:

Joan C. Young

Suzanne C. Young 2/22/07 239-649-5501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #