

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90086 016 ***150.00

DOCUMENT # L05277

1. Entity Name
YOUNG'S PASO FINO RANCH, INC.



Principal Place of Business
% BARBARA B. YOUNG
8075 NW STATE RD 326
OCALA, FL 34485 US

Mailing Address
% BARBARA B. YOUNG
8075 NW STATE RD 326
OCALA, FL 34482 US

50013311



04042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2931761

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YOUNG, BARBARA B.
8075 NW ST RD 326
OCALA, FL 32670

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS YOUNG, BARBARA B.
CITY-ST-ZIP 8075 NW STATE RD 326
OCALA, FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 information empowered.

SIGNATURE: *Barbara B. Young*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/06
Date

352-867-5305
Daytime Phone #



ATTACHMENT
50013311
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

L05277

Business Entity Name

YOUNG'S PASO FINO RANCH, INC.

FEI Number

592931761

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

% BARBARA B. YOUNG

Suite, Apt. #, etc.

8075 NW STATE RD 326

City, State

OCALA

, FL

Zip Code & Country

34485

US

Mailing Address

Address

% BARBARA B. YOUNG

Suite, Apt. #, etc.

8075 NW STATE RD 326

City, State

OCALA

, FL

Zip Code & Country

34482

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

YOUNG, BARBARA B.

Address (PO Box is not acceptable)

8075 NW ST RD 326

Suite, Apt. #, etc.

City, State

OCALA

, FL

Zip Code & Country

32670

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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~~# L05277~~

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Barbara B Young

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	<input type="text" value="D"/>
Name (Last, First, Middle, Title)	<input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text" value="YOUNG, BARBARA B."/>
Street Address	<input type="text" value="8075 NW STATE RD 326"/>
City, State	<input type="text" value="OCALA"/> <input type="text" value="FL"/>
Zip Code & Country	<input type="text"/>
- OR -	
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
- OR -	
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/>
Zip Code & Country	<input type="text"/>
- OR -	
Title	<input type="text"/>

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Pres.
Darcia B. Young

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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