

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003228

FILED
Apr 30, 2005
Secretary of State

Entity Name: FIVE SMOOTH STONES YOUTH, INC.

Current Principal Place of Business:

7762 JAFFA DR.
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7762 JAFFA DR.
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 30-0043213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LARNCE S
POB 617015
ORLANDO, FL 32861 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, LARNCE S
Address: 7762 JAFFA DR.
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Delete
Name: WILLIAMS, KENNEDY L
Address: 312 BAHIA CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: GANDY, JASON
Address: 719 18TH ST.
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Delete
Name: ROBINSON, TERRENCE L
Address: 406 FIREWOOD AVE
City-St-Zip: EUSTIS, FL 32726

Title: T (X) Delete
Name: SAYLES, CARLY D
Address: 1905 SELDEEN DR
City-St-Zip: EUSTIS, FL 32726

Title: S () Delete
Name: PEREZ, PEDRO
Address: 3893 SIGNAL HILL ROAD
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARNCE S. WILLIAMS

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date