

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90143 044 ****61.25

DOCUMENT # N04000012099			
1. Entity Name YOUNG INVESTOR'S INC. <i>Young Investors, Inc.</i>			
Principal Place of Business 3720 MCMILLIAN AVENUE JACKSONVILLE, FL 32208		Mailing Address 3720 MCMILLIAN AVENUE JACKSONVILLE, FL 32208	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>4509 Lake Lane Ave</i> Suite, Apt. #, etc.	
City & State City: <i>Orlando</i> State: <i>FL</i>		4. FEI Number NOT APPLICABLE	
Zip <i>32808</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05012008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CHISHOLM, JUAN P MR 3720 MCMILLIAN AVENUE JACKSONVILLE, FL 32208		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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: _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: CHISHOLM, ALNORA R MRS. STREET ADDRESS: 3720 MCMILLIAN AVENUE CITY-ST-ZIP: JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: CHISHOLM, EUGENE MR. STREET ADDRESS: 3720 MCMILLIAN AVENUE CITY-ST-ZIP: JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: CHISHOLM, JUAN P MR. STREET ADDRESS: 3720 MCMILLIAN AVENUE CITY-ST-ZIP: JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>5-1-08</i> (4:12) 591-1612 Daytime Phone #: _____	