2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46064

FILED Mar 30, 2005 Secretary of State

Entity Name: WASHINGTON COUNTY YOUTH FAIR, INC.

Current Principal Place of Business:	New Principal Place of Business:
1424 JACKSON AVENUE	

SUITE A CHIPLEY, FL 32428

New Mailing Address: Current Mailing Address:

1424 JACKSON AVENUE SUITE A CHIPLEY, FL 32428

FEI Number: 59-2961419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VARNES, KELLY ANDREASEN, ANDY 1424 JACKSON AVE. SUITE A 1424 JACKSON AVE. SUITE A CHIPLEY, FL 32428 CHIPLEY, FL 32428

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: ANDY ANDREASEN 03/30/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete ANDERSON, ANDY ANDREASEN, ANDY Name: Name: 1424 JACKSON AVE STE A Address: 1424 JACKSON AVE STE A Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: CHIPLEY, FL 32428 Title: VD Title: (X) Change () Addition () Delete Name: VARNES, KELLY Name: GILBERT, JOHN Address: 1424 JACKSON AVENUE, SUITE A Address: 1424 JACKSON AVENUE, SUITE A City-St-Zip: CHIPLEY, FL 32428 City-St-Zip: CHIPLEY, FL 32428 Title: () Delete Title: () Change () Addition

MARCO, KATIE Name: Name:

1424 JACKSON AVENUE, SUITE A Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

Name: HAYES, MARSHA Name: 1424 JACKSON AVENUE, SUITE A Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip:

Title: Title: (X) Delete () Change () Addition

PATE, CLINT Name: Name: 1424 JACKSON AVENUE, SUITE A Address: Address: City-St-Zip: CHIPLEY, FL 32428 City-St-Zip:

Title: Title: (X) Change () Addition () Delete BRIAN LEE BRIAN LEE Name: Name: 1424 JACKSON AVENUE, SUITE A 1424 JACKSON AVENUE, SUITE A

CHIPLEY, FL 32428 City-St-Zip: CHIPLEY, FL 32428 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.

Address:

SIGNATURE: MARSHA HAYES TD 03/30/2005