2005 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED May 02, 2005 08:00 AM Secretary of State

DOCUMENT # P0000074066 1. Entity Name DENNIS YOUNG & ASSOCIATES, INC.									Se	ecreta	ary of	State
Principal Place of Business 800 CELEBRATION AVENUE 228 CELEBRATION, FL 34747				Mailing Address 800 CELEBRATION AVENUE -228 CELEBRATION, FL 34747					1 53 00 35 00 35 00 45 00 4		 	148 1)k 1 48 1
2. Principal Place of Business				3. Mailing Address				})), 15)), [16)) [
Suite, Apt. #, etc.				Suite, Apt. #, etc				01202005	Chg-P	CR2E	34 (10/03)	
City & State			- City & State				4. FEI Number Applied For 59-3666919 Not Applicable					
Zip		Country			Zîp	Coun	itry	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current					tered Agent		Name	7. Name and	Address of New I	Registered	Agent	
YOUNG, DENNIS F 800 CELEBRATION AVENUE							Street Address (P.O. Box Number is Not Acceptable)					
228 CELEBRATION, FL 34747												
							City			FL	Zip Code	,
	named entity ions of regist		statement for	the p	urpose of changing its	register	ed office or registe	red agent, or bo	oth, in the State of Fi	orida lam	familiar with.	and accept
SIGNATURE_	Signatura, typed	or printed name of	gisterod agent r	rnd tille	f applicable (NOT	E Registere	d Agent signature require	d when rolnstaling)	परिशी	DATE		}
FIL After Ma	E NOW!!! ay 1, 200!	FEE IS \$1 Fee will	50.00 be \$ 550.0) 0	9. Election Campa Trust Fund Con			.00 May Be ded to Fees				
10.		ÖFF	ICERS AND	DIREC	TORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AN	DIRECTORS	IN 11
TITLE NAME	D YOUNG, I	E SENNIS E		<u>-</u>	☐ Delete	TITU				٠.	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	800 CLEB	RATION AV		_		STRI	EET ADDRESS '- ST-ZIP					
TITLE				,	Delete	ITTL		 	Haaar	ากจรวก:	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP							EET ADDRESS '-ST-ZIP		U0000 05/03/03	5-8001	2 <u>-</u> 002 11	50.00
TITLE					☐ Delete	TITL	- J				☐ Change	Addition
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NAME STREET ADDRESS						NAN STRI	ne Eet address					}
CITY-ST-ZIP							Y-ST-ZIP					
title Name			•		☐ Delete	TITL NAN					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			-			•	EET ADDRESS '-ST-ZIP					ļ
TITLE					☐ Delete	TITL					☐ Change	Addition
NAME	}					NAM	ME EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP						CITY	- ST- ZIP					
12. I hereby of indicated of the corchanged	certify that the conthis repor rporation or to or on an atte	e information of or supplemented in a receiver or achment with	supplied with antal report is trustee empo an address	this fi true a were with al	ling does not qualify for and accurate and that d to execute this repor- l other like empowered	or the exe my signa t as requ	emption stated in S ture shall have the ired by Chapter 60	ection 119 07(3) same legal effe 7, Florida Statut			rtify that the Ir am an officer in Block 10 or	formation or director Block 11 if
SIGNAT	URE: _		10	10					4/29/0	5		