## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P01000024903 04-24-2006 90402 047 \*\*\*150.00 G & C YOUNG ENTERPRISES, INC. 40058620 Principal Place of Business Mailing Address 13690 NW HWY 441 13690 NW HWY 441 ALACHUA, FL 32616 ALACHUA, FL 32616 2. Principal Place of Business 13690 NWHWL 3. Mailing Address Po Box 820 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04062006 Chg-P City & State Applied For Citv\_& State 4. FEI Number ALACITUA 59-3705264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Alachua . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent George SKALSKI, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 14010 ROOSEVELT BLVD #708 CLEARWATER, FL 33762 1055E 837 Street Zip Code 32680 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. anci run SIGNATURE. (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Young Goorge Change 105 SE 83744 Street 0LD TOWN, FL 32680 Young CHARWITT Change 105 SE 83 The Street PD ☐ Delete TITLE TITLE YOUNG, GEORGE NAME NAME 11665 GRAZING BUCK CT STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32311 CITY-ST-ZIP CITY-ST-ZIP Delete Change TITLE TITLE YOUNG, CHARLOTTE 11665 GRAZING BUCK CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP TITLE ☐ Detete TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 most 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 like empowered.

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SIGNATURE: \_

**FILED**