

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000059170

1. Entity Name
THE YOUNGER & WISER NETWORK INC.



Principal Place of Business

3654 HOLLY DR
PALM BEACH GARDENS, FL 33410

Mailing Address

3654 HOLLY DR
PALM BEACH GARDENS, FL 33410

FILED
Apr 19, 2007 08:00 A
Secretary of State



04162007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-1112216

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

GAUDIO, CHARLES A
3654 HOLLY DR
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GAUDIO, CHARLES A
STREET ADDRESS	10180 RIVERSIDE DRIVE, #3
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	VD
NAME	WESCOTT, GLENN L
STREET ADDRESS	8476 ELDRIDGE RD.
CITY-ST-ZIP	SPRING HILL, FL 34608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE:

Charles A. Gaudio PWS 3/15/07 561-622-8781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #