

## ANNUAL REPORT

DOCUMENT # P01000117722

1. Entity Name  
ASSOCIATES & YOUNG, INC.

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90198 033 \*\*\*150.00

Principal Place of Business  
15249 N MAIN ST UNIT 1  
JACKSONVILLE, FL 32218Mailing Address  
15249 N MAIN ST UNIT 1  
JACKSONVILLE, FL 322182. Principal Place of Business  
10650 HAVERFORD RD.3. Mailing Address  
10650 HAVERFORD RD.Suite, Apt. #, etc  
SUITE 1Suite, Apt. #, etc  
SUITE 1City & State  
JACKSONVILLE, FL.City & State  
JACKSONVILLE, FL.Zip  
32218Country  
USAZip  
32218Country  
USA

05022005

Chg-P

CR2E034 (10/03)

4. FEI Number  
26-0006307Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

RAY, THOMAS R  
2301 INDEPENDENT SQ ONE INDEPENDENT DR  
JACKSONVILLE, FL 32202

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature typed or printed with full name and title (if applicable)

(NOTE: Registered Agent's signature required when re-staffing)

Date

FILE NOW!!! FEE IS \$550.00  
Due by September 7, 20059. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	YOUNG, JEAN	
STREET ADDRESS	15249 N MAIN ST UNIT 1	
CITY-STATE-ZIP	JACKSONVILLE, FL 32218	

TITLE	V	<input type="checkbox"/> Delete
NAME	GLASS, ALAN	
STREET ADDRESS	15249 N MAIN ST UNIT 2	
CITY-STATE-ZIP	JACKSONVILLE, FL 32218	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN YOUNG	
STREET ADDRESS	375827 KINGS FERRY RD	
CITY-STATE-ZIP	HILLIARD, FL. 32046	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALAN GLASS	
STREET ADDRESS	23884 CRESCENT PARK CT.	
CITY-STATE-ZIP	FERNANDINA BEACH, FL. 32034	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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:

PRES.

5/4/05

ATTACHMENT  
40083918

**ASSOCIATES & YOUNG, INC.  
10650-1 HAVERFORD ROAD  
JACKSONVILLE, FLORIDA 32218**

May 7, 2005

Florida Department of State  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

RE: Associates & Young, Inc.  
P01000117722


I am asking that you abate the penalty for late filing. On January 21, 2005, the postcard requesting the 2005 Annual Report Form was mailed. We never received the form. On April 30, at 11:30 P.M., we attempted to file electronically through AOL. By the time we finished the filing, it was a few minutes after midnight and the rate changed from \$150.00 to \$550.00. We were using a prepaid credit card to pay and there was not enough to cover the \$550.00 rate.

We had to stop the filing in order to keep from overcharging the card. We have a problem with AOL and downloading forms and had to go to another computer to get this form.

I am forwarding a copy of the postcard we sent. We have been moving our residence and office for the last three weeks and have just finished unpacking. Our regular credit card was lost and we had to wait for another to be issued.

We would appreciate your foregoing the penalty and accepting our filing as we made every attempt to comply.

Yours truly,

  
M. Jean Young  
President

MJY/bl  
Encls: Check #5332 \$150.00  
Postcard requesting filing form