

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 036 ***150.00

40025165



01242005 Chg-P CR2E034 (10/03)

4. FEI Number
03-0504363

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, MICHELLE
11250 OLD ST. AUGUSTINE ROAD #15-108
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name Young, Michelle
Street Address (P.O. Box Number is Not Acceptable)
5424 Pergran Ct
City Jacksonville FL Zip Code 32257

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] DPT DATE 2/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete
NAME YOUNG, MICHELLE G
STREET ADDRESS 11250 OLD ST. AUGUSTINE ROAD #15-108
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE DS ☐ Delete
NAME JAMES, TERRY
STREET ADDRESS 11250 OLD ST. AUGUSTINE ROAD #15-108
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE V ☐ Delete
NAME YOUNG, STACEY
STREET ADDRESS 11250 OLD ST. AUGUSTINE ROAD #15-108
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Same ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 23271
CITY-ST-ZIP Jacksonville FL 32241

TITLE Same ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 23271
CITY-ST-ZIP Jacksonville FL 32241

TITLE Same ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 23271
CITY-ST-ZIP Jacksonville FL 32241

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [Signature] Stacey Young DATE 2/27/05 904-880-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #