2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088754

1. Entity Name
FRANK J. YONG, P.A.

Principal Place of Business
4570 ST. JOHNS AVE STE 1A
JACKSONVILLE, FL 32210

Mailing Address
4570 ST. JOHNS AVE STE 1A
JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

02212005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0154056	Not Applicable

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

6. Name and Address of Current Registered Agent

YONG, FRANK J
4570 ST. JOHNS AVE STE 1A
JACKSONVILLE, FL 32210

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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 name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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	PD
NAME	YONG, FRANK J
STREET ADDRESS	4570 ST. JOHNS AVE, SUITE 1A
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Frank J Yong_   _2/1/05_   _904-381-1901_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #