2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or trustee empower if changed, or on an attachment with an address, when the corporation is the corporation of the corporation of

SIGNATURE

Feb 17, 2006 8:00 am **Secretary of State** DOCUMENT # P03000094325 1. Entity Name 02-17-2006 90071 019 ***150.00 DUSTY YOUNG CONSTRUCTION, INC. Principal Place of Business Mailing Address 253 R RIVERDALE ROAD 253 R RIVERDALE ROAD AVON PARK FL 33825 **AVON PARK FL 33825** Mailing Address P. O. BOX 7087 2. Principal Place of Business 7407 W. JosephineRd Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State Avon Park 02-0215773 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES F. MCCOLLUM, P.L. Street Address (P.O. Box Number is Not Acceptable) 129 SOUTH COMMERCE AVE SEBRING FL 33870 City Zio 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 name of registered agent and title it applicable DATE ## FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE Young, Dusty L 1407 w. Josephine Rd NAME YOUNG, DUSTY L STREET ADDRESS STREET ADDRESS 253 R RIVERDALE ROAD Lake Placed, F133852 CITY-ST-ZIP CITY-S1-7IP AVON PARK FL 33825 ☐ Delete Change Addition TITLE TIFLE Young, Roxanne M 1407 W. Josephine Rd Lake Placid, Fl 3385z YOUNG, ROXANNE M NAME STREET ADDRESS STREET ADDRESS 253 R RIVERDALE ROAD CITY-ST-ZIP AVON PARK FL 33825 CITY-ST-7IP Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and curate 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

FILED