

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 15, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90004 010 \*\*\*150.00

DOCUMENT # P03000095795

1. Entity Name  
WALLIS G. YOUNG, P.A.



Principal Place of Business Mailing Address  
27 MAGNOLIA DRIVES 1 FLA. PK DR.S 27 MAGNOLIA DRIVES 40 EASTWOOD DR.  
ORMOND BEACH, FL 32174 PALM COAST ORMOND BEACH, FL 32174 PALM COAST  
FL 32147 FL 32164

66433694



2. Principal Place of Business 3. Mailing Address  
1 FLA PK DR.S 40 EASTWOOD DR  
PALM COAST PALM COAST

08042004 Chg-P CR2E034 (10/03)

City & State Zip Country City & State Zip Country  
FL. 32174 Country 32164 US  
4. FEI Number 200195575 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
YOUNG, WALLIS G 40 EASTWOOD DR  
27 MAGNOLIA DRIVES ORMOND BEACH, FL 32174 PALM COAST FL 32164  
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 WALLIS G YOUNG WALLIS G Young 8-6-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	COB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WALLIS G		NAME		
STREET ADDRESS	27 MAGNOLIA DRIVES 40 EASTWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174 PALM COAST FL 32164		CITY-ST-ZIP		
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, WALLIS G		NAME		
STREET ADDRESS	27 MAGNOLIA DRIVES 40 EASTWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174 PALM COAST FL 32164		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: WALLIS G YOUNG WALLIS G Young 8-6-04 212-0754  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #