


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90290 026 \*\*\*158.75

DOCUMENT # P03000097973		
1. Entity Name B & D YOUMANS, INC.		

Principal Place of Business 12701 NE 25TH AVE ANTHONY, FL 32617	Mailing Address 12701 NE 25TH AVE ANTHONY, FL 32617
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2. Principal Place of Business 1460 NE 140th St Suite, Apt. #, etc.	3. Mailing Address PO Box 158 Suite, Apt. #, etc.
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City & State Citra, FL Zip 32113	Country	City & State Sparr, FL Zip 32192	Country
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04042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0230030	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YOUMANS, DEBORAH J 12701 NE 25TH AVE ANTHONY, FL 32617	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1460 NE 140th Street City Citra FL Zip Code 32113
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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 ☒ Deborah J. Youmans (NOTE: Registered Agent signature required when reinstating)

DATE 4/4/5

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUMANS, DEBORAH J 12701 NE 25TH AVE ANTHONY, FL 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1460 NE 140th St Citra, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUMANS, WILLIAM D 12701 NE 25TH AVE ANTHONY, FL 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1460 NE 140th St Citra, FL 32113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Deborah J. Youmans 4/4/5 (352) 620-8032  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Deborah J. Youmans, President