

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000104785

1. Entity Name  
NEIGHBORHOOD ASSOCIATION.COM, INC.



Principal Place of Business  
P.O. BOX 16307  
TAMPA, FL 33687-6307 US

Mailing Address  
P.O. BOX 16307  
TAMPA, FL 33687-6307 US



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0243485

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

YOUNG, JAMES S JR  
7001 TEMPLE TERRACE HWY  
TAMPA, FL 33687-6307

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

|                 |                     |
|-----------------|---------------------|
| TITLE           | P                   |
| NAME            | YOUNG, JAMES S JR   |
| STREET ADDRESS  | P.O. BOX 16307      |
| CITY - ST - ZIP | TAMPA, FL 336876307 |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

U00000785292  
01/16/08-80089-023-150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James S. Young Jr.* 1/14/08 813.340.5600