


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

02-27-2004 90022 049 ***150.00

| | | | | | |
|---|--|---------------------------------|--|--|--|
| DOCUMENT # P03000128239 1. Entity Name YOUNG SEALCOATING, INC. | | | |  | |
| Principal Place of Business P.O. BOX 571 ORANGE SPRINGS FL 32182 | | | Mailing Address P.O. BOX 571 ORANGE SPRINGS FL 32182 | | |
| 2. Principal Place of Business 10799 E HWY 318 | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State ORANGE SPRINGS FL | | | City & State | | |
| Zip 32182 | | Country USA | | 4. FEI Number 510489495 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent RON A. RHOADES, P.A. 2450 N. CITRUS HILLS BLVD. HERNANDO FL 34442 | | | | 7. Name and Address of New Registered Agent | |
| 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | |
| DATE | | | | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P YOUNG, HAROLD P.O. BOX 571 ORANGE SPRINGS FL 32182 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP YOUNG, HAROLD P.O. BOX 571 ORANGE SPRINGS FL 32182 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S YOUNG, HAROLD P.O. BOX 571 ORANGE SPRINGS FL 32182 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | T YOUNG, HAROLD P.O. BOX 571 ORANGE SPRINGS FL 32182 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | YOUNG, HAROLD P.O. BOX 571 ORANGE SPRINGS FL 32182 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | YOUNG, HAROLD P.O. BOX 571 ORANGE SPRINGS FL 32182 | <input type="checkbox"/> Delete | | | |
| 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 another like empowered. | | | | | |
| SIGNATURE: <u>Charles S. Pres Harold Young</u> 2/21/04 352-546-4988 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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MOORE CR2E034 (11/03)