## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 08, 2007 08:00 A Secretary of State

ANNUAL REPURI				7	Secretary of S			
	/IENT # P030001490		!	)	Seci eta	iry or s		
1. Entity Name YOUNG'S MOBILE REPAIR SERVICE, INC								
Principal Place 555 PENNS N DELAND, FL	ECK DRIVE	Mailing Address 555 PENNS NECK DRIVE DELAND, FL 32724						
DO NOT WRITE IN THIS SPA			CE	02052007 No Chg-P CR2E034 (11/05)  4. FEI Number				
<del></del>	6. Name and Address of Current Reg	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0, 00 111100110		Fee Re	quired	
YOUNG, CHRISTOPHER E 555 PENNS NECK DRIVE DELAND, FL 32724			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the ons of registered agent.	e purpose of changing its register	ed office or regist	ered agent, or bo	th, in the State of Flo	rida. I am familiar	with, and accept	
5	Signature, typed or printed name of registered agent and to	tie if applicable (NOTE, Registere	id Agent signature requir	ed when reinstating)		DATE		
FILE NUMBER FEE 18 \$ 100.00		Election Campaign Final Trust Fund Contribution.		5.00 May Be ded to Fees	000000 02/15/07-	)627848 -80075-022	150.00	
10.	OFFICERS AND DIR	ECTORS						
NAME STREET ADDRESS	PRES YOUNG, CHRISTOPHER E 555 PENNS NECK DR DELAND, FL 32724		į					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		÷						
TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME			DO NOT WRITE IN THIS SPACE					
STREET ADDRESS								

12. I hereby certify that the information supplied with this filing does not quality 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 arraddress, with all other like empowered.

SIGNATURE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP .

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNAGO OFFICER OR DIRECTOR

2/6/07

396-738-0845