


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State


DOCUMENT # P03000157389

1. Entity Name
YOUNG'S FLOOR INSTALLATION, INC.



Principal Place of Business 126 LINSTEW DR FT WALTON BEACH, FL 32548	Mailing Address 126 LINSTEW DR FT WALTON BEACH, FL 32548
---	---

DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0523511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YOUNG, MARGARET A
 126 LINSTELD DR
 FORT WALTON BEACH, FL 32548**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P YOUNG, JERRY E 126 LINSTEW DR FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNG, MARGARET A 126 LINSTEW DR FT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YOUNG, DANIEL A 126 LINSTEW DRIVE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000657693
 03/15/07-80007-020 150.00

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: *Margaret A. Young* **Margaret A Young** *secretress.* **3-5-07** **850 862 3439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #