


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90312 014 ***150.00

DOCUMENT # P04000032090 1. Entity Name CHERYL YOUNG, INC.																																																					
Principal Place of Business 106 BELGIAN WAY SANFORD, FL 32773			Mailing Address 106 BELGIAN WAY SANFORD, FL 32773																																																		
2. Principal Place of Business 207 Clydesdale Cir. Suite, Apt. #, etc.		3. Mailing Address 207 Clydesdale Cir. Suite, Apt. #, etc.																																																			
City & State, Sanford FL Zip 32773		City & State, Sanford FL Zip 32773		4. FEI Number 42-1617097																																																	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent YOUNG, CHERYL 106 BELGIAN WAY SANFORD, FL 32773			7. Name and Address of New Registered Agent Name Cheryl Young Street Address (P.O. Box Number is Not Acceptable) 207 Clydesdale Cir. City Sanford FL Zip Code 32773																																																		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> D YOUNG, CHERYL 106 BELGIAN WAY SANFORD, FL 32773 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> PST Cheryl Young 207 Clydesdale Cir. Sanford, FL 32773 </td> <td style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table> </div> </div>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, CHERYL 106 BELGIAN WAY SANFORD, FL 32773	<input type="checkbox"/> Delete																						TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Cheryl Young 207 Clydesdale Cir. Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____																																																	