
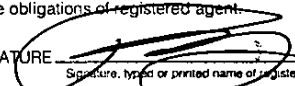


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90978 001 ***150.00

DOCUMENT # P04000078725 1. Entity Name TROY E. YOUNG, INC.					
Principal Place of Business 4790 FIRST STREET NORTH ST. PETERSBURG, FL 33703			Mailing Address 704 PRUITT DRIVE MADEIRA BEACH, FL 33708		
2. Principal Place of Business		3. Mailing Address PO Box 76045			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Petersburg FL		4. FEI Number 20 1125806	
Zip		Zip 33734		Country Pineellas	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04142005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent YOUNG, TROY E 704 PRUITT DRIVE MADEIRA BEACH, FL 33703			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 		Troy Edward Young President		4/29/05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUNG, TROY E 704 PRUITT DRIVE MADEIRA BEACH, FL 33708		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: 		Troy Edward Young		4/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 727-643-9839	