2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## May 22, 2008 8:00 am Secretary of State DOCUMENT # P04000086074 1. Entity Name 05-22-2008 90020 007 \*\*\*150.00 DARRYL YOUNG TRANSPORT SERVICES, INC. Principal Place of Business Mailing Address 613 PALMETTO AVE 613 PALMETTO AVE LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Scite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0238459 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, DARRYL Street Address (P.O. Box Number is Not Acceptable) 613 PALMETTO AVE LEHIGH ACRES FL 33936 Zip Code FL 8. The above hamed emity 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 redictered agent. SIGNATURE Sympture, typed or printed hanni of mynthred noert and title Tanpi cacle. INOTE Repistered Apent signature required when rejectating DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. 🔲 Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Defete Addition YOUNG, DARRYL NAME STREET ADDRESS 613 PALMETTO AVE STREET ADORESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-21P TITLE ٧S Delete TIRE ☐ Addition NAME YOUNG, GLORIA NAME STREET ADDRESS 613 PALMETTO AVE STREET ADDRESS LEHIGH ACRES FL 33936 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Derete TITLE Change ☐ Addition NAME YOUNG, TERESA NAME STREET ADDRESS STREET ADDRESS 312 GERALD AVE CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES FL 33936 TITLE Delete TITLE ☐ Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IE CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-219 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

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SIGNING OFFICER OR DIRECTOR

Date

Daysine Phone #