2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P04000095403 Jan 30, 2006 08:00 AM 1. Entity Name **Secretary of State** YOUNGS MAINTENANCE INC. Principal Place of Business Mailing Address 719 KIMBALL ROAD 719 KIMBALL ROAD VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address 719 Kimball 719 Kimball Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State. 4. FEI Number Applied For Cwy & State 20-1275758 lenic en.a Not Applicat Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, GREGORY Street Address (P.O. Box Number is Not Acceptable) 719 KIMBALL ROAD VENICE FL 34293 Zip Code City 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 accerthe obligations of registered agent. 1-27-06 DATE of registered agent and lifte 4 applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change HILE Delete TITLE YOUNG, GREGORY NAME NAME U00000407359 03/08/06-80015-012 150.00 STREET ADDRESS 719 KIMBALL ROAD STREET ADDRESS CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP □ Ad… TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Delete ☐ Add THLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE Delete TILLE ☐ Change □ Air MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Ail TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Delete Change Arii TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 directly 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

Date

Daytime Phone #