

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 044 ***150.00

DOCUMENT # P05000003066

1. Entity Name
DEYOUNG RENOVATIONS, INC.



Principal Place of Business
24237 BUCKHORN RD.
ROBERTDALE, AL 36567

Mailing Address
P.O. BOX 788
PENSACOLA, FL 32591

00000100

2. Principal Place of Business
5381 Arrowhead Rd
Suite, Apt. #, etc.

3. Mailing Address
24237 BUCKHORN RD
Suite, Apt. #, etc.



03152006 Chg-P CR2E034 (11/05)

City & State
Pensacola FL
Zip
32507
Country

City & State
ROBERTDALE AL
Zip
36567
Country
ROBERTDALE

4. FEI Number
16-1713341
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FAUBERT, SANDRA F
8076 CASTLE POINT WAY
PENSACOLA, FL 32506

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DEYOUNG, MICHAEL	
STREET ADDRESS	P.O. BOX 788	
CITY - ST - ZIP	PENSACOLA, FL 32591	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOME, HERBERT	
STREET ADDRESS	161187 HWY. 67	
CITY - ST - ZIP	BILOXI, MS 39532	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Michael DeYoung
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael DeYoung, Director 3/15/06

Date

Daytime Phone #