

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 JAN 31 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000033460

1. Entity Name  
YOUTH INVESTMENTS OF WESTON, INC.



Principal Place of Business  
1685 N. COMMERCE PARKWAY  
WESTON, FL 33328

Mailing Address **Clo Doug Millard**  
1121 NORTHWEST 115TH AVENUE  
PLANTATION, FL 33323



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006

Chg-P

CR2E034 (11/05)

4. FEI Number

**202415073**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLARD, DOUGLAS S  
1121 NORTHWEST 115TH AVENUE  
PLANTATION, FL 33323

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 renating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$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  
PST  
MILLARD, DOUGLAS S  
1121 NORTHWEST 115TH AVENUE  
PLANTATION, FL 33323 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MILLARD, MICHAEL D  
1536 SOUTHWEST 98TH LANE  
DAVIE, FL 33324 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**100065848161**  
**02/14/06--01049--012 \*\*213.75**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/06**

**954-584-2134**

**K. Eckel FEB 02 2006**