


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90022 040 ***150.00

DOCUMENT # P06000030631 1. Entity Name ANTHONY YOUNG, P.A.																											
Principal Place of Business 215 SW PARK STREET SUITE B OKEECHOBEE, FL 34974		Mailing Address 215 SW PARK STREET SUITE B OKEECHOBEE, FL 34974																									
2. Principal Place of Business - No P.O. Box # 1138 S. Parrott Ave Suite, Apt. #, etc.		3. Mailing Address 1138 S. Parrott Ave Suite, Apt. #, etc.																									
City & State Okeechobee FL Zip 34974		City & State Okeechobee FL Zip 34974																									
4. FEI Number 20-4445380		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent YOUNG, ANTHONY 215 SW PARK STREET SUITE B OKEECHOBEE, FL 34974		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1138 S. Parrott Ave. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P YOUNG, ANTHONY</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">215 SW PARK STREET, SUITE B</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">OKEECHOBEE, FL 34974</td> </tr> </table>		TITLE	P YOUNG, ANTHONY	<input type="checkbox"/> Delete	STREET ADDRESS	215 SW PARK STREET, SUITE B		CITY - ST - ZIP	OKEECHOBEE, FL 34974		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2">1138 S. Parrott Ave.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME	1138 S. Parrott Ave.		STREET ADDRESS			CITY - ST - ZIP					
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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: <u>Anthony T. Young</u> ANTHONY T. YOUNG <u>3-3-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											