

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000113168

Entity Name: SUSAN N. YOUNG, INC.

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

6819 SOUTHPOINT BLVD., STE. 904
JACKSONVILLE, FL 32216

New Principal Place of Business:

6817 SOUTHPOINT BLVD., STE. 904
JACKSONVILLE, FL 32216

Current Mailing Address:

6819 SOUTHPOINT BLVD., STE. 904
JACKSONVILLE, FL 32216

New Mailing Address:

6817 SOUTHPOINT BLVD., STE. 904
JACKSONVILLE, FL 32216

FEI Number: 20-5468754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, SUSAN N PSYD
914 5TH STREET
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: YOUNG, SUSAN N PSYD
Address: 914 5TH STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: YOUNG, SUSAN N PSYD
Address: 914 5TH STREET
City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN N. YOUNG PSY.D.

MGR

01/05/2007

Electronic Signature of Signing Officer or Director

Date