## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000150397**

1. Entity Name
JACK YOUNG, INC.

꾸ᵘᵘ⁻

| Principal Place of Business | Mailing Address |
|---|---|
| % JOHN W. YOUNG | % JOHN W. YOUNG |
| 217 PERUVIAN AVE - STE 3 | 217 PERUVIAN AVE - STE 3 |
| PALM BEACH, FL 33480 | PALM BEACH, FL 33480 |

01252008     Chg-P     CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| *184 SUNSET AVE #21* | *184 SUNSET AVE #21* |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| City & State *PALM BEACH FL* | City & State *PALM BEACH FL* | 4. FEI Number 20-8059954 | Applied For / Not Applicable |
|---|---|---|---|
| Zip *33480* Country *US* | Zip *33480* Country *US* | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |

### 6. Name and Address of Current Registered Agent

YOUNG, JOHN W
217 PERUVIAN AVE
STE 3
PALM BEACH, FL 33480

### 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) *184 SUNSET AVE # 21*

City *PALM BEACH*     FL     Zip Code *33480*

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 _____     DATE *1/25/08*

Signature, typed or printed name of registered agent and title if applicable     (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

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 **D** NAME YOUNG, JOHN W STREET ADDRESS 217 PERUVIAN AVE - STE 3 *184 SUNSET AVE #21* CITY-ST-ZIP PALM BEACH, FL 33480 | ☐ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ 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: _____     *1/25/08*     561-659-8294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #