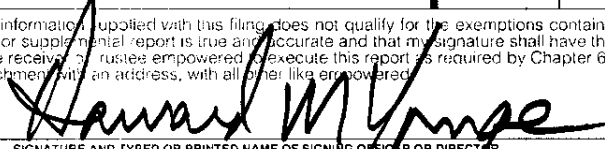


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90107 003 ***150.00

DOCUMENT # P92000014126 1. Entity Name H. M. YONGE & ASSOCIATES, INC.					
Principal Place of Business 49 E. CHASE ST. PENSACOLA, FL 32501 US			Mailing Address 49 E CHASE ST PENSACOLA, FL 32501 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02122007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-3155485	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent YONGE, H M 49 E. CHASE ST. PENSACOLA, FL 32501			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 _____ (NOTE: Registered Agent signature required when restoring) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY ST ZIP	DP YONGE, H M 49 E. CHASE ST. PENSACOLA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	DST YONGE, AMELIE 49 E. CHASE ST. PENSACOLA, FL	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition			
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: 		3-8-07		850-434-2661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					