

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90550 009 \*\*\*150.00

**DOCUMENT # P92000015448**

1. Entity Name  
**YOUNG'S LANDSCAPE SERVICES, INC.**



Principal Place of Business  
**524 GULF BAY RD  
LONGBOAT KEY, FL 34228**

Mailing Address  
**C/O WALTER SANDERS  
3355 BEARSS AVE  
TAMPA, FL 33618 US**

**14006992**



03072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0377691** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

**SANDERS, WALTER  
3355 BEARSS AVE  
TAMPA, FL 33618**

**DO NOT WRITE  
IN THIS SPACE**

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 Walter Sanders Walter Sanders 04/25/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<del>D-</del>
NAME	<del>YOUNG, LESLIE</del> <i>Deceased</i>
STREET ADDRESS	<del>524 GULF BAY RD</del>
CITY - ST - ZIP	<del>LONGBOAT KEY, FL</del>
TITLE	<del>ES</del>
NAME	<del>YOUNG, LISA</del> <i>Deceased</i>
STREET ADDRESS	<del>524 GULF BAY RD</del>
CITY - ST - ZIP	<del>LONGBOAT KEY, FL</del>
TITLE	<i>Walter Sanders</i>
NAME	<i>3355 Bearss Ave</i>
STREET ADDRESS	<i>Tampa, FL 33618</i>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Walter Sanders Walter Sanders 4/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #