2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 31, 2008 08:00 AN DOCUMENT # P93000025962 1. Entity Name **Secretary of State** GREG S. YOUNG ELECTRIC, INC. Principal Place of Business Mailing Address 3232 POTOMAC COURT 3232 POTOMAC COURT NAPLES FL 34120 NAPLES FL 34120 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 65-0400651 Not Applicable Zıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNG, GREG S Street Address (P.O. Box Number is Not Acceptable) 3232 PÓTOMAC COURT NAPLES FL 34120 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or corn, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or primed harm of repictived paent and utilities if approach (NOTE: Registered Agent eignature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE De etc Addition NAME YOUNG, GREG \$ NAME STREET ADDRESS 3232 POTOMAC COURT STREET ADDRESS NAPLES FL 34120 CITY- ST- ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE Change Addition NAME RYAN, YOUNG A NAME STREET ADDRESS 3232 POTOMAC CT STREET ADDRESS CITY-ST-7P NAPLES FL 34120 CITY-ST-ZIP Derete THEE HILL Change nortibbA .... NAME NAME 02/08/08-80007-013 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST- ZIP THE De ete TITLE Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.