

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000028183 1. Entity Name JOHN YOUNG CROSSINGS, INC.	
---	---

Principal Place of Business 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803-3907 US	Mailing Address 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803-3907 US
--	--



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3307557	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent WILLIAMS, WARREN E 800 N. HIGHLAND AVENUE ORLANDO, FL 32803

**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 _____
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, 2006 Fee will be \$550.00**

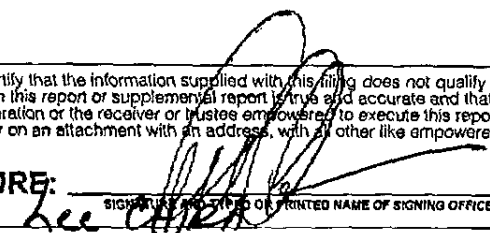
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIRA, LEE 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 328033907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHIRA CARLTON, MICHELLE 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 328033907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS PEISNER, ERIC S 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 328033907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000488449
04/17/06-80007-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-16

Date

407-297-1600

Daytime Phone #