

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90031 021 \*\*\*150.00

**DOCUMENT # P96000035759**

1. Entity Name  
**MILA & YOUNG ACCOUNTING & INSURANCE, INC.**



Principal Place of Business  
**3419 ST JOHN STREET  
TAMPA, FL 33607**

Mailing Address  
**3419 ST JOHN STREET  
TAMPA, FL 33607**

**40111730**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152008 Chg-P CR2E034 (12/06)

4. FEI Number  
**57-1047203**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, MICHELLE  
3419 ST JOHN STREET  
TAMPA, FL 33607**

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

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **YOUNG, MICHELLE**  
STREET ADDRESS **3419 ST JOHN STREET**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MILA, ANA**  
STREET ADDRESS **1640 SHERWOOD ST**  
CITY-ST-ZIP **CLEARWATER, FL 34618**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

**7/17/08 813 245 1307**

2008

**FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000035759

Entity Name: MILA & YOUNG ACCOUNTING & INSURANCE, INC.

ATTACHMENT

**Current Principal Place of Business:**

3419 ST JOHN STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

40111730

**Current Mailing Address:**

3419 ST JOHN STREET  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 57-1047203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YOUNG, MICHELLE  
3419 ST JOHN STREET  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: YOUNG, MICHELLE  
Address: 3419 ST JOHN STREET  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: MILA, JAIME  
Address: 1640 SHERWOOD ST  
City-St-Zip: CLEARWATER, FL 34618

Title: VP (X) Delete  
Name: MILA, ANA  
Address: 1640 SHERWOOD ST  
City-St-Zip: CLEARWATER, FL 34618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MILA, ANA  
Address: 1640 SHERWOOD ST  
City-St-Zip: CLEARWATER, FL 34618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE YOUNG

D

Electronic Signature of Signing Officer or Director

Date

7-08-08