

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90549 049 ***150.00

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1. Entity Name
YOUNG'S GARDEN CENTER, INC.



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

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

DO NOT WRITE IN THIS SPACE

03072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0718439

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 04/05/04
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	D
NAME	YOUNG, LECIE
STREET ADDRESS	524 GULF BAY ROAD
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	YOUNG, LISA PHILLIPS
STREET ADDRESS	524 GULF BAY ROAD
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	Walter Sanders
STREET ADDRESS	3355 Bearss Ave
CITY-ST-ZIP	Tampa, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 #