


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000088984</b> 1. Entity Name <b>EARL R. YOUNG, D.B.A., INC.</b>	
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Principal Place of Business <b>2786 SIXMA ROAD DELTONA, FL 32738</b>	Mailing Address <b>2786 SIXMA ROAD DELTONA, FL 32738</b>
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**DO NOT WRITE IN THIS SPACE**



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3536039</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**YOUNG, EARL R  
2786 SIXMA ROAD  
DELTONA, FL 32738**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000033256 03/22/04-80010-014 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P YOUNG, EARL R 2786 SIXMA ROAD DELTONA, FL 32738</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S YOUNG, DOROTHY 2786 SIXMA ROAD DELTONA, FL 32738</b>
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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)(f), 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 an officer like empowered.

**SIGNATURE:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #