2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # P99000108266** 1. Entity Name DOUGLAS E. YOUNG, P.A. Principal Place of Business Mailing Address 151 REGIONS WAY 151 REGIONS WAY SUITE 5-D DESTIN, FL 32541 SUITE 5-D DESTIN, FL 32541 03312004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3618723 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent pojegovejtýcjegoptetatnémeknémékýkýkýkjetémujetník, emitatuktannek YOUNG, DOUGLAS E DO NOT WRITE 151 REGIONS WAY SUITE 5-D IN THIS SPACE DESTIN, FL 32541 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000126601 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME YOUNG, DOUGLAS E 151 REGIONS WAY #5-D STREET ADDRESS CHY-ST-2P DESTIN, FL 32541 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 receipers 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:

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED