

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91229 050 ***158.75

DOCUMENT # S02354

1. Entity Name
DEYOUNG ENGINEERING & MANAGEMENT, INC.



Principal Place of Business Mailing Address
~~6442 US HIGHWAY 27 SOUTH~~
~~SEBRING, FL 33876-5735~~
~~6442 US HIGHWAY 27 SOUTH~~
~~SEBRING, FL 33876-5735~~



2. Principal Place of Business 3. Mailing Address
6409 TRACTOR ROAD
6409 TRACTOR ROAD

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SEBRING, FL
SEBRING, FL

Zip Country Zip Country
33876-5740 **US** **33876-5740** **US**

04302004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3028917 Not Applicable

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

6. Name and Address of Current Registered Agent

DEYOUNG, CURTIS J
~~6442 US HIGHWAY 27 SOUTH~~
~~SEBRING, FL 33876~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6409 TRACTOR ROAD
City **SEBRING** **FL** Zip Code **33876-5740**

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, 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	DPT	<input type="checkbox"/> Delete
NAME	DEYOUNG, CURTIS J	
STREET ADDRESS	6442 U.S. HWY 27 S.	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DEYOUNG, LINDA	
STREET ADDRESS	6442 U.S. HWY 27 S.	
CITY-ST-ZIP	SEBRING, FL 33876	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6409 TRACTOR ROAD
CITY-ST-ZIP	SEBRING, FL 33876-5740
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6409 TRACTOR ROAD
CITY-ST-ZIP	SEBRING, FL 33876-5740
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Curtis J. DeYoung

President

4-29-04

(863) 386-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #