

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 011 ***150.00

DOCUMENT # S22452

1. Entity Name

R.A. YOUNG ENTERPRISES INC



Principal Place of Business

206 N 2ND ST
FLAGLER BEACH FL 32136

Mailing Address

PO BOX 2223
FLAGLER BEACH FL 32136

34014040

2. Principal Place of Business

1131B East Plant St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE

CR2E034 (11/03)



City & State

Winter Garden, FL 34787

City & State

City & State

4. FEI Number

65-0233510

Applied For

Not Applicable

Zip

34787

Country

USA

Zip

Zip

Country

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

YOUNG, ROBERT A.
208 N 2ND ST 2811 S. Oceanshore Blvd #2
P.O. BOX 2223
FLAGLER BEACH FL 32136

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

Robert A. Young

President

2/9/04

(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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME YOUNG, ROBERT A.
STREET ADDRESS 208 N 2ND STREET
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS PO Box 2223
CITY-ST-ZIP Flagler Beach, FL 32136

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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 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:

Robert A. Young

Robert A. Young

2/9/04 386-931-1613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #