2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 14, 2004 8:00 am Secretary of State DOCUMENT # S69224 04-14-2004 90074 004 \*\*\*150.00 M. L. YOUNT BUILDING CONTRACTORS, INC. Principal Place of Business Mailing Address 2138 MALCOLMOR PALM HARBOR FL 34684 1216 NORWOOD AVE CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address 2138 MALCOLM DR Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0283347 PALMHARBOR, F134684 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired PINEUA S 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNT, MERLIN L 1216 NORWOOD AVE Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 33756** Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE NAME YOUNT, MERLIN L NAME 1216 NORWOOD AVE STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33756** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE YOUNT, SCOTT G. NAME NAME 1216 NORWOOD AVE STREET ADDRESS STREET ADDRESS CLEARWATER FL 33756 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change Addition TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 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

**FILED** 

4-10-04 727-