

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90047 047 \*\*\*150.00

**DOCUMENT # S89432**

1. Entity Name

YOUMANS & FORD, INC.



Principal Place of Business

4310 S. HOPKINS AVE  
TITUSVILLE FL 32780  
US

Mailing Address

POST OFFICE BOX 5857  
TITUSVILLE FL 32783-5857

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number  
59-3088201

Applied For

Not Applicable

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

FORD, ANN M. & FRANCES B. YOUMANS  
4310 S. HOPKINS AVE.  
TITUSVILLE FL 32780

Name

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

City

**FL**

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.

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**

**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	D	<input type="checkbox"/> Delete
NAME	FORD, ANN M.	
STREET ADDRESS	6785 ACKERMAN AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUMANS, FRANCES B.	
STREET ADDRESS	5075 CARTER ST.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, THOMAS M.	
STREET ADDRESS	6785 ACKERMAN AVE.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUMANS, RONALD H.	
STREET ADDRESS	5075 CARTER ST.	
CITY-ST-ZIP	COCOA FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:**

*Ann M. Ford* ANN M. FORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

Date

321-268-2151

Daytime Phone #