

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89432

Entity Name: YOUMANS & FORD, INC.

FILED
May 12, 2008
Secretary of State

Current Principal Place of Business:

6785 ACKERMAN AVE
COCOA, FL 32927 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 849
SHARPES, FL 329590849 US

New Mailing Address:

FEI Number: 59-3088201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORD, ANN M
6785 ACKERMAN AVE
COCOA, FL 32927 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORD, ANN M.,
Address: 6785 ACKERMAN AVE.
City-St-Zip: COCOA, FL

Title: D () Delete
Name: YOUMANS, FRANCES B.,
Address: 5075 CARTER ST.
City-St-Zip: COCOA, FL

Title: D () Delete
Name: FORD, THOMAS M.,
Address: 6785 ACKERMAN AVE.
City-St-Zip: COCOA, FL

Title: D () Delete
Name: YOUMANS, RONALD H.,
Address: 5075 CARTER ST.
City-St-Zip: COCOA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FORD, ANN M.,
Address: 6785 ACKERMAN AVE.
City-St-Zip: COCOA, FL 32927

Title: D (X) Change () Addition
Name: YOUMANS, FRANCES B.,
Address: 5075 CARTER ST.
City-St-Zip: COCOA, FL 32927

Title: D (X) Change () Addition
Name: FORD, THOMAS M.,
Address: 6785 ACKERMAN AVE.
City-St-Zip: COCOA, FL 32927

Title: D (X) Change () Addition
Name: YOUMANS, RONALD H.,
Address: 5075 CARTER ST.
City-St-Zip: COCOA, FL 32927

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN M FORD

MS

05/12/2008

Electronic Signature of Signing Officer or Director

Date