## 2005 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Mar 23, 2005 08:00 AM **Secretary of State DOCUMENT # V44296** 1. Entity Name T. R. YOUNG & ASSOCIATES, INC. Principal Place of Business Mailing Address 661 SEVERS LANDING 661 SEVERS LANDING PALM HARBOR, FL 34683 US PALM HARBOR, FL 34683 US 03212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3130624 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YOUNG, TERRY R. 661 SEVERS ANDING PALM HARBOUR, FL 34683 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME YOUNG, TERRY R. STREET ADDRESS **861 SEVERS LANDING** 000000273445 03/23/05-80028-013 150.00 PALM HARBOUR, FL. CITY-ST-ZIP TITLE NAME STPEET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 path; 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:

1.11 NAME STREET ADDRESS CITY-ST-ZIP

3-21-2005

727-786-6463

Davitme Phone #