

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90073 023 \*\*\*150.00

<b>DOCUMENT # P04000035306</b>			
1. Entity Name MARGARET A YOUNG PRECISION LATH DESIGNS, INC.			
Principal Place of Business 5851 DREW RD BELLEVIEW, FL 34420		Mailing Address 5851 DREW RD BELLEVIEW, FL 34420	
2. Principal Place of Business		3. Mailing Address P O BOX 205	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BELLEVIEW FL	
Zip	Country	Zip	Country
34421		34421	MARION
6. Name and Address of Current Registered Agent YOUNG, MARGARET A 5851 DREW RD BELLEVIEW, FL 34420		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	YOUNG, MARGARET A	NAME	
STREET ADDRESS	5851 DREW RD	STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW, FL 34420	CITY-ST-ZIP	
TITLE	VPS	TITLE	
NAME	MCALEXANDER, TINA	NAME	
STREET ADDRESS	5851 DREW RD	STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW, FL 34420	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MAZZACANE, FRANK	NAME	
STREET ADDRESS	5851 DREW RD	STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW, FL 34420	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MAZZACANE, DUANE	NAME	
STREET ADDRESS	5851 DREW RD	STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW, FL 34420	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MAZZACANE, JOE	NAME	
STREET ADDRESS	5851 DREW RD	STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW, FL 34420	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Margaret Young</i>		Date: 9-8-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 352-316-0565	

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09062005 Chg-P CR2E034 (10/03)

4. FEL Number 15-1217483 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required