

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62371

FILED
Apr 13, 2009
Secretary of State

Entity Name: FABEC/YOUNG & COMPANY

Current Principal Place of Business:

C/O JOAN FABEC
4360 GULFSHORE BLVD, N., STE. 604
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O JOAN FABEC
4360 GULFSHORE BLVD., N., #604
NAPLES, FL 34103 US

New Mailing Address:

C/O JOAN FABEC
4360 GULFSHORE BLVD, N., STE. 604
NAPLES, FL 34103 US

FEI Number: 65-0106700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABEC, JOAN
4360 GULFSHORE BLVD., N
#604
NAPLES, FL 33940 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: FABEC, JOAN
Address: 520 SECOND AVE. NO.
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: YOUNG, SUZANNE
Address: 520 SECOND AVE. NO.
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOAN FABEC

DV

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date