

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 371793**

1. Entity Name  
**YAUN FARMS, INC.**



Principal Place of Business

POST OFFICE BOX 756  
CLEWISTON, FL 33440

Mailing Address

POST OFFICE BOX 756  
CLEWISTON, FL 33440

**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1309749**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

YAUN, JOHN A.  
848 WEST VENTURA AVENUE  
CLEWISTON, FL 33440

**DO NOT WRITE  
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's signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YAUN, JAMES F
STREET ADDRESS	ROUTE 1, BOX 203-B
CITY-ST-ZIP	MONTICELLO, FL
TITLE	VSTD
NAME	YAUN, JOHN A
STREET ADDRESS	848 W. VENTURA AVE.
CITY-ST-ZIP	CLEWISTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000510055  
04/28/06-80069-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John A. Yaun* 4-12-06 863/983-8175