**2006 FOR PROFIT CORPORATION** · ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

## May 05, 2006 8:00 am **Secretary of State DOCUMENT # 828237** 1. Entity Name 05-05-2006 90180 008 \*\*\*150.00 YODER BROTHERS, INC. Principal Place of Business Mailing Address 115 3RD STREET S.E. 115 3RD STREET S.E. PO BOX 230 BARBERTON OH 44203 **PO BOX 230** BARBERTON OH 44203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 34-0936187 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE SD ☐ Delete TITLE ☐ Change Addition ALLAN, RONALD C NAME NAME STREET ADDRESS AKRON CENTER BLDG. STREET ADDRESS CITY-ST-ZIP AKRON OH CITY-ST-ZIP СВ Delete TITLE ☐ Change Addition TITLE YODER, G RAMSEY NAME NAME STREET ADDRESS 115 3RD ST SE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BARBERTON OH TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME WILLENBACHER, LCO STREET ADDRESS STREET ADDRESS 2201 OWANITA ROAD CITY-ST-7IP CITY-ST-ZIP ALVA FL 33920 TITLE Change Delete TITLE ☐ Addition NAME SCHAEFER, SCOTT M NAME STREET ADDRESS 115 3 ST SE STREET ADDRESS CITY-ST-ZIP BARBERTON OH 44203 CITY-ST-ZIP TETLE ☐ Defete TITLE ☐ Change ☐ Addition RASBACH, WILLIAM NAME NAME 115 3RD STREET S.E. STREET ADDRESS STREET ADDRESS BARBERTON OH 44203 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition Patrick Crump 2201 owanita Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AVA FI 33920 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED** 

Date

Daytime Phone #