

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828237

FILED
Jun 25, 2009
Secretary of State

Entity Name: YODER BROTHERS, INC.

Current Principal Place of Business:

115 3RD STREET S.E.
PO BOX 230
BARBERTON, OH 44203

New Principal Place of Business:

115 3RD STREET S.E.
BARBERTON, OH 44203

Current Mailing Address:

115 3RD STREET S.E.
PO BOX 230
BARBERTON, OH 44203

New Mailing Address:

FEI Number: 34-0936187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: VP () Delete
Name: HOLDEN, DOUG
Address: 115 3RD ST SE
City-St-Zip: BARBERTON, OH 44203

Title: CB () Delete
Name: YODER, G RAMSEY
Address: 115 3RD ST SE
City-St-Zip: BARBERTON, OH

Title: V () Delete
Name: SCHAEFER, SCOTT M
Address: 115 3 ST SE
City-St-Zip: BARBERTON, OH 44203

Title: PD () Delete
Name: RASBACH, WILLIAM
Address: 115 3RD STREET S.E.
City-St-Zip: BARBERTON, OH 44203

Title: V (X) Delete
Name: CRUMP, PATRICK
Address: 2201 OWANITA RD
City-St-Zip: ALVA, FL 33920

Title: VC (X) Delete
Name: DOAK, THOMAS
Address: 115 3RD ST SE
City-St-Zip: BARBERTON, OH 44203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VC (X) Change () Addition
Name: DOAK, THOMAS
Address: 115 3RD STREET S.E.
City-St-Zip: BARBERTON, OH 44203

Title: CB (X) Change () Addition
Name: YODER, G RAMSEY
Address: 115 3RD STREET S.E.
City-St-Zip: BARBERTON, OH 44203

Title: V (X) Change () Addition
Name: SCHAEFER, SCOTT M
Address: 115 3RD STREET S.E.
City-St-Zip: BARBERTON, OH 44203

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

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: SCOTT SCHAEFER

CFO

06/25/2009

Electronic Signature of Signing Officer or Director

_____ Date