


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # F05031 1. Entity Name JONAS YODER CUSTOM HOMES, INC.	
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Principal Place of Business 5512 BAHIA VISTA STREET SARASOTA, FL 34232 US	Mailing Address 5512 BAHIA VISTA STREET SARASOTA, FL 34232 US
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DO NOT WRITE IN THIS SPACE

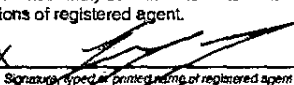


02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2060287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent YODER, JONAS 5514 BAHIA VISTA ST SARASOTA, FL 34232	DO NOT WRITE IN THIS SPACE
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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 X  (NOTE: Registered Agent signature required when reinstating) DATE 2/4/05

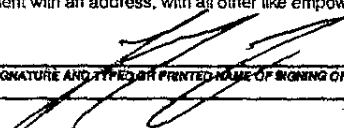
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP YODER, JONAS 5514 BAHIA VISTA ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST YODER, MARILYN 5514 BAHIA VISTA ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000317494
02/07/05-80028-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X  **2/4/05 941-371-1580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #