

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001326

FILED  
Apr 08, 2010  
Secretary of State

Entity Name: YAKIMA BAIT CO.

**Current Principal Place of Business:**

1000 BAILEY AVE  
GRANGER, WA 98932

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 310  
GRANGER, WA 98932

**New Mailing Address:**

FEI Number: 91-0479515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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: P  
Name: MASTERSON, MARK  
Address: P O BOX 310  
City-St-Zip: GRANGER, WA 98932

Title: VP  
Name: REGIMBAL, ALAN  
Address: 7430 NAVARRE DRIVE  
City-St-Zip: CHELAN, WA 98816

Title: ST  
Name: OERDING, JULIE  
Address: 366 SE 10TH AVENUE  
City-St-Zip: CANBY, OR 97013

Title: C  
Name: MCDONALD, DANIEL V  
Address: 7723 COOLIDGE ROAD  
City-St-Zip: YAKIMA, WA 98903

Title: D  
Name: JOHNSON, SANDRA  
Address: P O BOX 267  
City-St-Zip: BENTON CITY, WA 99320

Title: D  
Name: WORDEN, HOWARD  
Address: P O BOX 519  
City-St-Zip: GRANGER, WA 98932

I hereby 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 all other like empowered.

SIGNATURE: KAREN BLANKENSHIP

CFO

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date