

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F42784	
1. Entity Name YODER'S RESTAURANT, INC.	

Principal Place of Business 3434 BAHIA VISTA ST SARASOTA FL 34239	Mailing Address 3434 BAHIA VISTA ST SARASOTA FL 34239
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent YODER, AMANDA 3434 BAHIA VISTA ST SARASOTA FL 34237	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 re-electing.) DATE _____

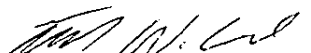
FILE-NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	YODER, AMANDA
STREET ADDRESS	3537 BIRKY ST.
CITY-ST-ZIP	SARASOTA FL
TITLE	☐ Delete
NAME	V
STREET ADDRESS	EMRICH, MARY LOU
CITY-ST-ZIP	2879 MIRA LODA DR. SARASOTA FL 34240
TITLE	☐ Delete
NAME	V
STREET ADDRESS	YODER, ANNA MARIE
CITY-ST-ZIP	3537 BIRKY STREET SARASOTA FL
TITLE	☐ Delete
NAME	S
STREET ADDRESS	EMRICH, TODD W.
CITY-ST-ZIP	2879 MIRA LODA DR. SARASOTA FL 34240
TITLE	☐ Delete
NAME	T
STREET ADDRESS	EMRICH, TODD W
CITY-ST-ZIP	2879 MIRA LODA DR. SARASOTA FL 34240
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000899367
04/28/08-80036-011 150.00

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.

SIGNATURE:  **TODD W. EMRICH** 4-14-08 941-955-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #