

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N95000005720

1. Entity Name
YESTERDAY'S ARTIFACTS, INC.



Principal Place of Business
**3550 MAHAN DRIVE
TALLAHASSEE, FL 32308**

Mailing Address
**POST OFFICE BOX 120
HOSFORD, FL 32334**

FILED

05 APR 21 PM 3:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04212005 No Chg-NP CR2E037 (10/03) *MRS*

4. FEI Number
59-3361508

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOORE, DEVOE L
3550 MAHAN DRIVE
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CALDWELL, BREWSTER J
POST OFFICE BOX 120
HOSFORD, FL 32334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MOORE, SHIRLEY M
POST OFFICE BOX 120
HOSFORD, FL 32334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MOORE, DEVOE L
POST OFFICE BOX 120
HOSFORD, FL 32334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HOSFORD, TIFFANY M
POST OFFICE BOX 120
HOSFORD, FL 32334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CULBERTSON, AL
POST OFFICE BOX 120
HOSFORD, FL 32334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**600054002416
05/06/05--01041--006 **70.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: *Tiffany M Hosford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2005
Date

(850) 656-6211
Daytime Phone #