2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2005 08:00 AM **Secretary of State** DOCUMENT # P00000025151 1. Entity Name YODERS PLUMBING SERVICE, INC. Principal Place of Business Mailing Address 1928 PAR PLACE 1928 PAR PLACE SARASOTA, FL 34240 SARASOTA, FL 34240 US 01212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0990729 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent YODER, HOPE DO NOT WRITE 1928 PAR PLACE SARASOTA, FL 34240 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, typod or printed name of registered agent and trile if applicable. (NOTE, Registered Agent signature required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ____U00000211016 D2/O2/O5-80103-022 15D.OD OFFICERS AND DIRECTORS 10. TITLE NAME YODER, MARVIN 1928 PAR PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 TITLE NAME YODER, HOPE STREET ADDRESS 1928 PAR PLACE CITY-ST-ZIP SARASOTA, FL 34240 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TIBLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 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:

STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED