# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 15, 2012**
**Secretary of State**

DOCUMENT# P00000046704

**Entity Name:** YOST, INC.

**Current Principal Place of Business:**

645 NE 2ND AVE
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 925
CRYSTAL RIVER, FL 34423

**New Mailing Address:**

**FEI Number: 59-3666374** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GARRICK, DAVID M
420 MILLER CREEK
CRYSTAL RIVER, FL 34428 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

**OFFICERS AND DIRECTORS:**

Title: PRES
Name: GARRICK, DAVID M
Address: P.O. BOX 420
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: OD
Name: GARRICK, SUSAN E
Address: P O BOX 420
City-St-Zip: CRYSTAL RIVER, FL 34423

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: DAVID M GARRICK PRES 02/15/2012

Electronic Signature of Signing Officer or Director Date