

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90008 011 \*\*\*150.00

DOCUMENT # P00000057405

1. Entity Name

YELLOWHAMMER CONSULTING, INC.



Principal Place of Business

~~P.O. BOX 6445~~  
~~MIRAMAR BEACH FL 32530~~

Mailing Address

~~P.O. BOX 6445~~  
~~MIRAMAR BEACH FL 32550~~



2. Principal Place of Business - No P.O. Box #

114 Meadow Woods Lane

3. Mailing Address

114 Meadow Woods Lane

1st MOORE

CR2E034 (10/07)

City & State

Niceville

City & State

Niceville

4. FEI Number

59-3653341

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINDNER, CURTIS

~~P.O. BOX 6445~~  
~~MIRAMAR BEACH FL 32550~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

114 Meadow Woods Lane

City

Niceville

FL

Zip Code

32578

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

*Curtis Lindner* 2/12/08 Address Only

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME LINDNER, CURTIS  
STREET ADDRESS ~~P.O. BOX 6445~~  
CITY-ST-ZIP ~~MIRAMAR BEACH FL 32530~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Address Only ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 114 Meadow Woods Lane  
CITY-ST-ZIP Niceville, Florida 32578

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Curtis Lindner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/08 850-654-0930