

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000053944

1. Entity Name
YNR DEVELOPMENT CORPORATION



Principal Place of Business

**800 S OSPREY AVE
SARASOTA, FL 34236**

Mailing Address

**800 S OSPREY AVE
SARASOTA, FL 34236**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1117963

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROCKLEIN, JOSEPH E III CPA
SUPLEE & SHEA P.A.
800 S. OSPREY AVE
SARASOTA, FL 34236**

**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

1/16/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000586730
01/17/07-80004-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	YODER, ROLAND
STREET ADDRESS	9711 OAK RUN
CITY-ST-ZIP	BRADENTON, FL 34211
TITLE	VP
NAME	YODER, WAYNE
STREET ADDRESS	2343 JUNIPER PLACE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	STVP
NAME	ROCKLEIN, JOSEPH E III
STREET ADDRESS	800 S. OSPREY AVE
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/07