2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000123096

1. Entity Name YARNELL CONSTRUCTION, INC.



FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

84 WILMETTE AVENUE ORMOND BEACH, FL 32174 Mailing Address

84 WILMETTE AVENUE ORMOND BEACH, FL 32174



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 01122008 No Chg-P

4. FEI Number 42-1608014

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YARNELL, KEITH P 84 WILMETTE AVENUE ORMOND BEACH, FL 32174

DO NOT WRITE IN THIS SDACE

					THO OF AGE
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Ag				e required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			U00000783758 01/16/08-80027-013 158.75
10.	OFFICERS AND DIREC	CTORS			
TITLE	DPT				
NAME	YARNELL, KEITH P				
STREET ADDRESS	84 WILMETTE AVENUE				
CITY-ST-ZIP	ORMOND BEACH, FL 32174		Ī		
TITLE	DVPS				
NAME	YARNELL, LAUREN T				
STREET ADDRESS	84 WILMETTE AVENUE				
CITY-ST-ZIP	ORMOND BEACH, FL 32174				
TITLE					
NAME					
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CITY-ST-ZIP					
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NAME					
STREET ADDRESS					

I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-ZIP