

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2008 90151 004 \*\*\*150.00

<b>DOCUMENT # P04000004026</b> 1. Entity Name <b>YEOMAN CONSTRUCTION, INC.</b>			
Principal Place of Business <b>2421 W. COUNTY HIGHWAY 30A F101 SANTA ROSA BEACH, FL 32459</b>		Mailing Address <b>PO BOX 611608 ROSEMARY BEACH, FL 32461</b>	
2. Principal Place of Business - No P.O. Box # <b>2421 W. County Hwy 30A</b> Suite, Apt. #, etc. <b>F102</b>		3. Mailing Address <b>158 Fairthorne Drive</b> Suite, Apt. #, etc.	
City & State <b>Santa Rosa Beach, FL</b> Zip <b>32459</b>		City & State <b>Leesburg, GA</b> Zip <b>31763</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0550487</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>YEOMAN, GOODE B JR. 2421 W. COUNTY HIGHWAY 30A F101 SANTA ROSA BEACH, FL 32459</b>		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;"><small>DATE</small></div>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>YEOMAN, GOODE B JR.</b> STREET ADDRESS <b>2421 W. COUNTY HIGHWAY 30A</b> CITY-ST-ZIP <b>SANTA ROSA BEACH, FL 32459</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <u>Goode B. Yeoman Jr</u> <b>Goode B. Yeoman Jr</b> <b>4/20/08</b> <b>850-9745764</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="display: flex; justify-content: space-between;"> <span><small>Date</small></span> <span><small>Daytime Phone #</small></span> </div>			