


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90069 043 ***150.00

DOCUMENT # P04000165356

1. Entity Name
YODER CHIROPRACTIC INC



Principal Place of Business Mailing Address
11791 SE US HWY 441 **11791 SE US HWY 441**
BELLEVIEW, FL 34420 **BELLEVIEW, FL 34420**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
11799 SE US Hwy 441 **11799 SE US Hwy 441**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Belleview, FL **Belleview, FL**
 Zip Country Zip Country
34420 **Marion** **34420** **Marion**



04082008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-1979538 Not Applicable

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

- 6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

YODER, PATRICIA L
11799 SE US HWY 441
BELLEVIEW, FL 34420

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! 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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST YODER, PATRICIA L 11791 SE US HWY 441 BELLEVIEW, FL 34420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Patricia L Yoder DC 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #