

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90388 046 ***150.00

DOCUMENT # P05000051270

1. Entity Name
YOST RETIREMENT TRAILER PARK, INC.



Principal Place of Business

1112 SHELL POINT RD WEST #404
RUSKIN, FL 33570

Mailing Address

1112 SHELL POINT RD WEST #404
RUSKIN, FL 33570

40087410



DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2738383

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, JOAN Y
1112 SHELL POINT RD WEST #404
RUSKIN, FL 33570

**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

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WOODWARD, JOAN Y
STREET ADDRESS 1112 SHELL POINT RD WEST #404
CITY-ST-ZIP RUSKIN, FL 33570

TITLE VPD
NAME YOST, KARL D JR
STREET ADDRESS 1112 SHELL POINT RD WEST #404
CITY-ST-ZIP RUSKIN, FL 33570

TITLE SD
NAME BRADLEY, JEANETTE
STREET ADDRESS 1112 SHELL POINT RD WEST #404
CITY-ST-ZIP RUSKIN, FL 33570

TITLE TD
NAME YOST, ROBERT N
STREET ADDRESS 1112 SHELL POINT RD WEST #404
CITY-ST-ZIP RUSKIN, FL 33570

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:

Joan Y. Woodward President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOAN Y WOODWARD

4-18-2007 813-251-6920

Date

Daytime Phone #