

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90020 013 ***150.00

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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



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 JOAN Y WOODWARD PRESIDENT 4-1-08
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, 2008 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-08 813-251-6920