2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P26279

1. Entity Name



FILED May 05, 2005 8:00 am Secretary of State 05-05-2005 90111 002 ***150.00

Principal Place of Business Mailing Address 1670 COMMERCE RD 1	YODER & FREY AUCTIONEERS, INC.							C)3-03-2003 90	111 002 **	130.00	,	
## POLLAND OH 43528 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10104) 1st MOORE CR2E034 (10104) Applied For Not Applicable (10104) Applied For Not Applicable (10104) 5. Certificate of Status Desired \$8.75 Additional Perspection of Status Desired Desired Office of registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am turnilize with, and acception of Registered agent, or both, in the Status of Florida. I am	Principal Place of Business			Mailing Address									
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City & State Country Country Country S. Certificate of Status Desired S. S. Additional S. Rame and Address of Current Recistered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City City FL City	2. Principal Place of Business			3. Mailing Address									
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent. 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. I am tamiliar with, and accept the obligations of registered agent. 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent. 9. Election Campaign Financing Trust Fund Contribution	City & State			City & State				4. FEI Numb	34-09458	13		+	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code	Zip	Country	Zip		Coun	try		5. Certificate	e of Status Desired	ı 🗆			al
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code	6. Name and Address of Current Registered Agent							7. Name and	d Address of New	Registered	Agent		
Street Address (P.O. Box Number is Not Acceptable)	07.00					Name							
Either above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept segment of State of Florida per segment agent and rite if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. FILE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	1200 S. PINE ISLAND ROAD			St			it Address (P.O. Box Number is Not Acceptable)						
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CITY-S1-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Septime 140.07(3Vi). State Septime 140.07(3Vi). State Septime 140.07(3Vi).		Orbifu that the inferration are all 1 100	Aluža PI	dan are see see					en en en en				

I mereby ceruity that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

419-865-3990