

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90111 002 \*\*\*150.00

**DOCUMENT # P26279**

1. Entity Name

**YODER & FREY AUCTIONEERS, INC.**



Principal Place of Business

1670 COMMERCE RD  
HOLLAND OH 43528  
US

Mailing Address

1670 COMMERCE RD  
HOLLAND OH 43528  
US

00010400



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-0945813**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 PD ☐ Delete  
NAME CLARK, V. PETER  
STREET ADDRESS 301 1/2 STRYKER ST.  
CITY-ST-ZIP ARCHBOLD OH

TITLE T ☐ Delete  
NAME PLETCHER, DANTE T  
STREET ADDRESS 301 1/2 STRYKER ST.  
CITY-ST-ZIP ARCHBOLD OH

TITLE S ☐ Delete  
NAME BERNATH, SHARON  
STREET ADDRESS 301 1/2 STRYKER ST.  
CITY-ST-ZIP ARCHBOLD OH

TITLE D ☐ Delete  
NAME HYLANT, PATRICK  
STREET ADDRESS 301 1/2 STRYKER ST  
CITY-ST-ZIP ARCHBOLD OH

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1670 Commerce Rd.  
CITY-ST-ZIP Holland OH 43528

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1670 Commerce Rd  
CITY-ST-ZIP Holland OH 43528

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1670 Commerce Rd  
CITY-ST-ZIP Holland OH 43528

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1670 Commerce Rd  
CITY-ST-ZIP Holland OH 43528

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify 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: Dante T. Pletcher DANTE T. PLETCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

419-865-3990

Daytime Phone #