


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000050715</b> 1. Entity Name <b>YAGER PERSONAL DEVELOPMENT, INC.</b>	
---	---

Principal Place of Business <b>6055 SW MAPP ROAD PALM CITY, FL 34990</b>	Mailing Address <b>1300 ALTURA ROAD FORT MILL, SC 29708 US</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03022008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0503298</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>YAGER, DEXTER R SR 6055 SW MAPP ROAD PALM CITY, FL 34990</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000878750 04/14/08-80067-017 150.00</b>
---	---	---

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD YAGER, DEXTER R SR 6055 SW MAPP ROAD PALM CITY, FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD YAGER, BIRDIE N 6055 SW MAPP ROAD PALM CITY, FL 34990</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP YAGER, JEFFREY S 1300 ALTURA ROAD FT MILL, SC 29708</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO EMERY, THOMAS K 1300 ALTURA ROAD FT MILL, SC 29708</b>
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: Thomas K. Emery** *Thomas K. Emery* **3-11-08** **803-547-9100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #