

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90182 037 \*\*\*150.00

**50044806**



04132005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000044257			
1. Entity Name GREGORY YODER P A			
Principal Place of Business 7857 SE HWY 42 SUMMERFIELD, FL 34491		Mailing Address 7857 SE HWY 42 SUMMERFIELD, FL 34491	
2. Principal Place of Business 702 CR 468 Suite, Apt. #, etc.		3. Mailing Address 702 CR 468 Suite, Apt. #, etc.	
City & State Fruitland PK. FL		City & State Fruitland PK. FL	
4. FEI Number 59-3382510		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YODER, GREGORY A 7857 SE HWY 42 SUMMERFIELD, FL 34491		7. Name and Address of New Registered Agent Name: Yoder Gregory A. Street Address (P.O. Box Number is Not Acceptable): 702 CR 468 City: Fruitland PK. FL Zip Code: 34731	
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: <i>Gregory A. Yoder</i> DATE: 4-24-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: YODER, GREGORY STREET ADDRESS: 7857 SE HWY 42 CITY-ST-ZIP: SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: YODER, LORI STREET ADDRESS: 7857 SE HWY 42 CITY-ST-ZIP: SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete	TITLE: SD NAME: Yoder Lori STREET ADDRESS: 702 CR 468 CITY-ST-ZIP: Fruitland PK. FL 34741	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lori Yoder</i>		4-24-05 352-516-2616	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	