

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000104648

1. Entity Name
GRANDMA YODER'S, INC.



Principal Place of Business

**5896 53RD AVE. EAST
BRADENTON, FL 34203**

Mailing Address

**5896 53RD AVE. EAST
BRADENTON, FL 34203**



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0807477

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NAUMAN, CONNIE
5164 MELDON CIR
SARASOTA, FL 34232**

**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

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

(NOTE: Registered Agent signature required when rehashing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | P |
| NAME | NAUMAN, CONNIE |
| STREET ADDRESS | 5164 MELDON CIRCLE |
| CITY-ST-ZIP | SARASOTA, FL 34232 |
| TITLE | ST |
| NAME | WEBB, ROSE |
| STREET ADDRESS | 9715 BRADEN RUN |
| CITY-ST-ZIP | BRADENTON, FL 34202 |
| TITLE | D |
| NAME | BYLER, MARY |
| STREET ADDRESS | 14725 MADISON RD. |
| CITY-ST-ZIP | MIDDLEFIELD, OH 44062 |
| TITLE | D |
| NAME | GLENN, KAROLYN |
| STREET ADDRESS | 2712 NANCY STREET |
| CITY-ST-ZIP | SARASOTA, FL 34237 |
| TITLE | D |
| NAME | YODER, VERA |
| STREET ADDRESS | 2712 NANCY STREET |
| CITY-ST-ZIP | SARASOTA, FL 34237 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000030351
02704704-80105-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

1/22/2004 941-739-2918