

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # S58342

1. Entity Name
YODER ROOFING, INC.



Principal Place of Business
**1850 PORTER LAKE DRIVE
UNIT 106
SARASOTA, FL 34240 US**

Mailing Address
**P. O. BOX 7625
SARASOTA, FL 34278 US**



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0266829** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**YODER, CARY RAY
4646 HIDDEN FOREST DRIVE
SARASOTA, FL 34235**

**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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
YODER, CARY RAY
4646 HIDDEN FOREST DRIVE
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HELMUTH, TODD
10222 287TH EAST
MYAKKA CITY, FL 34251**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MARTIN, SHERRY
4303 AUGUSTINE AVE.
SARASOTA, FL 34231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YODER, LORRAIN A
4646 HIDDEN FOREST DR.
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000503435
04/26/06-80031-025 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-06
Date

941-378-8061
Daytime Phone #