

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S58342

Entity Name: YODER ROOFING, INC.

FILED  
Jan 10, 2007  
Secretary of State

## Current Principal Place of Business:

1850 PORTER LAKE DRIVE  
UNIT 106  
SARASOTA, FL 34240 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 7625  
SARASOTA, FL 34278 US

## New Mailing Address:

FEI Number: 65-0266829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

YODER, CARY RAY  
1850 PORTER LAKE DR  
SARASOTA, FL 34240 US

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.

SIGNATURE:

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: YODER, CARY RAY  
Address: 4646 HIDDEN FOREST DRIVE  
City-St-Zip: SARASOTA, FL 34235

Title: V ( ) Delete  
Name: HELMUTH, TODD  
Address: 10222 287TH EAST  
City-St-Zip: MYAKKA CITY, FL 34251

Title: V ( ) Delete  
Name: MARTIN, SHERRY  
Address: 4303 AUGUSTINE AVE.  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: YODER, LORRAIN A  
Address: 4646 HIDDEN FOREST DR.  
City-St-Zip: SARASOTA, FL 34235

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: YODER, CARY RAY  
Address: 1850 PORTER LAKE DR  
City-St-Zip: SARASOTA, FL 34240

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: YODER, LORRAIN A  
Address: 1850 PORTER LAKE DR.  
City-St-Zip: SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY YODER

PRES

01/10/2007

Electronic Signature of Signing Officer or Director

Date