2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 290877

1. Entity Name
YENO MON INC

Principal Place of Business	Mailing Address
523 SOUTH WASHINGTON BOULEVARD	523 SOUTH WASHINGTON BOULEVARD
SARASOTA, FL 34236-7104	SARASOTA, FL 34236-7104

DO NOT WRITE IN THIS SPACE

02222005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-1378296		Not Applicable

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

6. Name and Address of Current Registered Agent

SHERR, S SY
523 S WASHINGTON BLVD
SARASOTA, FL

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	SHERR, LINDA B.	
STREET ADDRESS	523 SO. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	D	
NAME	SHERR,SEYMOUR SY	
STREET ADDRESS	523 SO. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA, FL	
TITLE	PS	
NAME	SHERR, SEYMOUR SY	
STREET ADDRESS	523 S WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA, FL 00000,	
TITLE		
NAME		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 of 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: X _____   SEYMOUR SY. SHERR   2/24/05   941-388-5777

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