



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # J02862	
1. Entity Name WAYNE YARBOROUGH ENTERPRISES, INC.	

Principal Place of Business 6094 OAKDALE LANE MACLENNY, FL 32063 US	Mailing Address 6094 OAKDALE LANE MACLENNY, FL 32063 US
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DO NOT WRITE IN THIS SPACE

	
02182008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-2755908	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 YARBOROUGH, BETTIE 6094 OAKDALE LANE MACLENNY, FL 32063

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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000836785 03/04/08-80025-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, F. WAYNE OAKDALE LANE MACLENNY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, BETTIE V. OAKDALE LANE MACLENNY, FL
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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 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: Bettie V. Yarbrough Bettie V Yarbrough 2-19-08 904-259-7917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #