

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90036 048 ***150.00

DOCUMENT # P00000011185 1. Entity Name ACADIAN ENTERPRISES, INC.			
Principal Place of Business 9753 DEER LAKE CT. JACKSONVILLE, FL 32246		Mailing Address 9446 PHILIPS HWY # 8 JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753		3. Mailing Address Suite 10175 Fortune Pkwy, Ste 705 City Jacksonville FL 32256-6753	
Zip Country		Zip Country	
6. Name and Address of Current Registered Agent YEN, KUNG-PO 9446 PHILIPS HWY # 8 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753 City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS YEN, KUNG-PO 9446 PHILIPS HWY # 8 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10175 Fortune Pkwy, Ste 705 Jacksonville FL 32256-6753
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: <u>1817</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		KUNG-PO YEN PRESIDENT 9042605571 040407 <small>Date Daytime Phone #</small>	

40052027



03192007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3622685
Applied For
Not Applicable

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