

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000086998

1. Entity Name
YANKEN ENTERPRISE INC.



Principal Place of Business
**6020 ANTIGUA CT.
ORANGE PARK, FL 32003**

Mailing Address
**6020 ANTIGUA CT.
ORANGE PARK, FL 32003**

FILED
Feb 03, 2004 08:00 AM
Secretary of State



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number **38-3657955** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HERBERT, CARLTON D
6020 ANTIGUA CT.
ORANGE PARK, FL 32003**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000031961
02/04/04-80170-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD HERBERT, CARLTON D 6020 ANTIGUA CT. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERBERT, CARLTON D 6020 ANTIGUA CT. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HERBERT, TOVIA 6020 ANTIGUA CT. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HERBERT, KENLEY A 6020 ANTIGUA CT. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HERBERT, YANIK B 6020 ANTIGUA CT. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

Carlton D. Herbert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04 *904-449-1948*
Date Daytime Phone #