

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000086998 1. Entity Name YANKEN ENTERPRISE INC.	
---	---

Principal Place of Business 1855-A COPPERSTONE DR ORANGE PARK, FL 32003	Mailing Address 1855-A COPPERSTONE DR. ORANGE PARK, FL 32003
---	--



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3657955	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERBERT, CARLTON D 1855-A COPPERSTONE DR. 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HERBERT, CARLTON D 1855-A COPPERSTONE DR. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERBERT, CARLTON D 1855-A COPPERSTONE DR. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HERBERT, CARLTON D 1855-A COPPERSTONE DR. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERBERT, CARLTON D 1855-A COPPERSTONE DR. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERBERT, CARLTON D 1855-A COPPERSTONE DR. ORANGE PARK, FL 32003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000381012
01/11/06-80037-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/06 **804.449.1948**
Date Daytime Phone #