

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
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



04042008 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000892093
04/23/08-80052-003 150.00

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

**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

CARLTON D. HERBERT

4/9/08

904 449 1948