ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

lyde A. Yerkes

FILED **DOCUMENT # P96000045585** Jan 09, 2004 08:00 AM YERKES ENTERPRISES, INC. **Secretary of State** Mailing Address Principal Place of Business 19830 LITTLE LANE **19830 LITTLE LN** ALVA, FL 33920 ALVA, FL 33920 CR2E034 (10/03) 01062004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0672402 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE YERKES, CLYDE A 19830 LITTLE LANE ALVA, FL 33920 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS **PSTD** TITLE YERKES, CLYDE A NAME 19830 LITTLE LANE STREET ADDRESS. CITY-ST-ZIP ALVA, FL 33920 TILE NAME 01/12/04-80003-008 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIBE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 eath, 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

GNING OFFICER OR DIRECTOR