## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 09, 2007 08:00 AN DOCUMENT # P96000045585 Secretary of State YERKES ENTERPRISES, INC. Principal Place of Business Mailing Address 19830 LITTLE LN 19830 LITTLE LANE ALVA, FL 33920 ALVA, FL 33920 01042007 No Chg-P CR2E034 (11/05) 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 YERKES, CLYDE A DO NOT WRITE 19830 LITTLE LANE ALVA, FL 33920 IN THIS SPACE \$. 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 reme of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME YERKES, CLYDE A 19830 LITTLE LANE STREET ADDRESS U00000580053 ALVA, FL 33920 CITY-ST-ZIP 01/10/07-80031-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP mis NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

IGN DORE AND TYPED OR PRINTED HISTOR OF SIGNING OF FICER OR DIRECTOR

1/5/07

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FILED