
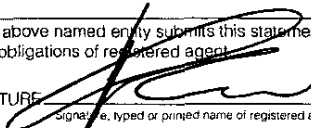
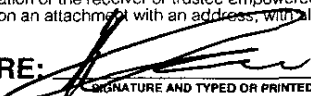


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90042 017 \*\*\*150.00

DOCUMENT # P00000116652			
1. Entity Name A. K. NURSERY INC.			
Principal Place of Business 2454 W KELLY PARK ROAD APOPKA, FL 32703		Mailing Address 2454 W KELLY PARK ROAD APOPKA, FL 32703	
2. Principal Place of Business <i>A.K. Nursery Inc</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>2454 W. Kelly Park Rd</i>		Suite, Apt. #, etc.	
City & State <i>APOPKA FL</i>		City & State	
Zip <i>32712</i>	Country <i>Orange</i>	Zip	Country
6. Name and Address of Current Registered Agent  PARK, TAE-WOONG 2454 W KELLY ROAD APOPKA, FL 32703		7. Name and Address of New Registered Agent Name <i>Park, Tae Woong</i> Street Address (P.O. Box Number is Not Acceptable) <i>2454 W. Kelly Park Rd</i> City <i>APOPKA</i> FL Zip Code <i>32712</i>	
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:  DATE: <i>1-19-2004</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARK, TAE-WOONG 2454 W KELLY ROAD APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>32712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, SEUNG-MAN 2454 W KELLY ROAD APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>32712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAM, JONG DAN 2454 W KELLY RD APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>32712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS NAM, KI-YEON 2454 W KELLY RD APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>32712</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <i>1-19-2004</i> Daytime Phone #: <i>407-880-4852</i>	



# Division of Corporations

## Annual Report

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Document Number

P00000116652

Business Entity Name

A. K. NURSERY INC.

FEI Number **593722587**

FEI Number Status  Applied For  Not Applicable  Current

Certificate of Status Desired  Yes  No

### Principal Place of Business

Address **2454 W KELLY PARK ROAD**

Suite, Apt. #, etc. \_\_\_\_\_

City, State **APOPKA** **FL**

Zip Code & Country **32712**

### Mailing Address

Address **2454 W KELLY PARK ROAD**

Suite, Apt. #, etc. \_\_\_\_\_

City, State **APOPKA** **FL**

Zip Code & Country **32712**

### Name And Address of Registered Agent

Name (Last, First, Middle, Title) **PARK** **TAE-WOONG**

-or- RA Business Name \_\_\_\_\_

Address **2454 W KELLY ROAD**

Suite, Apt. #, etc. \_\_\_\_\_

City, State **APOPKA** **FL**

Zip Code & Country **32712**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.



# Division of Corporations

## Annual Report

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Document Number  
**P00000116652**  
Business Entity Name  
A. K. NURSERY INC.

Election Campaign Financing Trust Fund Contribution    Yes    No

### Officer/Director Name And Address

Title: DP

Name (Last, First, Middle, Title): **PARK TAE-WOONG**

-or- Entity Name:

Street Address: **2454 W KELLY ROAD**

City, State: **APOPKA, FL**

Zip Code & Country: **32712**

Title: D

Name (Last, First, Middle, Title): **PARK SEUNG-MAN**

-or- Entity Name:

Street Address: **2454 W KELLY ROAD**

City, State: **APOPKA, FL**

Zip Code & Country: **32712**

Title: D

Name (Last, First, Middle, Title): **NAM JONG DAN**

-or- Entity Name:

Street Address: **2454 W KELLY RD**

City, State: **APOPKA, FL**

Zip Code & Country: **32712**

Title: DVPS

Name (Last, First, Middle, Title): **NAM KI-YEON**

-or- Entity Name

# P00000116652

Street Address

2454 W KELLY RD

City, State

APOPKA, FL

Zip Code & Country

32712

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Continue    Reset

Start Over

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**Public Access Help**