

2003 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **P02000035785**

1. Entity Name

LEESBURG GRAND BUFFET, INC.



FILED

04 JAN 27 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1100 N. 14TH ST.
LEESBURG, FL 34748**

2. Principal Place of Business

3. Mailing Address

539 N. MILLS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Country

32803

US

REINSTATEMENT 03-04

4. FEI Number

04-3630336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HUANG, QI-XIN

1100 N. 14TH ST.

LEESBURG, FL 34748

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HUANG, QI-XIN**
STREET ADDRESS **1100 N. 14TH ST.**
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **100027895421**
01/29/04--01086--024 **300.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 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

Date

Daytime Phone #

LEESBURG GRAND BUFFET, INC.
539 N MILLS AVE
ORLANDO, FL 32803

January 7, 2004

Florida Department of State
P.O. BOX 1500
Tallahassee, FL 32302-1500

SUBJECT: 2003 AND 2004 UNIFORM BUSINESS REPORT

DOCUMENT NUMBER: P02000035785

Dear Sir or Madam,

We refer to the above matter. Please note that we did not receive the prior notice for filing 2003 Uniform Business Report due to our mailing address has changed to 539 N. Mills Ave., Orlando, FL 32803. Enclosed please find annual report for year 2003 & 2004 and the check of \$300.00 for 2003 and 2004 filing fees. It would be highly appreciated if you could kindly waive the penalty.

Thank you.

Yours truly,



QIXIN / PRESIDENT
QIXIN