2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000038171

1. Entity Name
LEMONGRASS RESTAURANT, INC.

Principal Place of Business	Mailing Address
13056 CHET'S CREEK DRIVE NORTH JACKSONVILLE, FL 32224	13056 CHET'S CREEK DRIVE NORTH JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

05022005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1181867

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required.

6. Name and Address of Current Registered Agent

THEPSOUVANH, VORADET
13056 CHET'S CREEK DRIVE NORTH
JACKSONVILLE, FL 32224

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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 _____ U00000358238 05/04/05-80107-005 158.75
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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THEPSOUVANH, VORADET
STREET ADDRESS	12748 GLADE SPRINGS DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	VD
NAME	THOMPSON, PHET T
STREET ADDRESS	13056 CHETS' CREEK DRIVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	SD
NAME	THEPSOUVANH, VIENGKHONG
STREET ADDRESS	945 HYANNIS PORT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	TD
NAME	RITYAVONG, VILAY
STREET ADDRESS	12748 GLADE SPRING DRIVE SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	LOVAN, VILAYVANH
STREET ADDRESS	13285 EGRETS MARSH DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32224
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 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: Phet T. Thompson PHET T. THOMPSON 5-2-05 (904)642-9741
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #