


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90027 049 \*\*\*150.00

**DOCUMENT # P06000079874**

1. Entity Name  
**A.K. NURSERY II, INC.**



Principal Place of Business  
**2454 W. KELLY PARK RD.  
 APOPKA, FL 32712**

Mailing Address  
**2454 W. KELLY PARK RD.  
 APOPKA, FL 32712**

**40040152**



2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
**2000 W. Kelly Park Rd**      **2454 W. Kelly Park Rd**

03032008    Chg-P    CR2E034 (12/06)

City & State  
**Apopka, FL**      **Apopka, FL**

4. FEI Number **20-5035691**      Applied For  
**NOT APPLICABLE**      Not Applicable

Zip **32712**    Country **USA**    Zip **32712**    Country **USA**

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

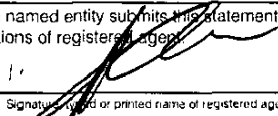
**6. Name and Address of Current Registered Agent**

**PARK, TAE W**  
**200 WEST KELLY PARK RD**  
**APOPKA, FL 32712**

**7. Name and Address of New Registered Agent**

Name **Park, Tae W**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2000 West Kelly Park Rd**  
 City **Apopka**      **FL**      Zip Code **32712**

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 **03-03-2008**

Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D,PS	PARK, TAE W	2454 W. KELLY PARK RD.	APOPKA, FL 32712	<input type="checkbox"/>
D,VP	PARK, SUNG M	2454 W. KELLY PARK RD.	APOPKA, FL 32712	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Same			<input type="checkbox"/>	<input type="checkbox"/>
D, VP	Park, Seung M	2454 W. Kelly Park	Apopka FL 32712	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 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 all officers with all other like empowered.

**SIGNATURE:**       DATE **03-03-2008**      DAYTIME PHONE # **407-880-4052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR