


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 168292 1. Entity Name NEW CANTON RESTAURANT INC	
---	---

Principal Place of Business 8118 BAYMEADOWS CIRCLE, EAST UNIT #9 JACKSONVILLE, FL 32256-1843 US	Mailing Address 8118 BAYMEADOWS CIRCLE, EAST UNIT #9 JACKSONVILLE, FL 32256-1843 US
---	---



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0677937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent ENG, GEORGE KELLY 8118 BAYMEADOWS CIRCLE, EAST UNIT #9 JACKSONVILLE, FL 32256-1843

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PTD ENG, KELLY G 8118 BAYMEADOWS CIRCLE, EAST UNIT #9 JACKSONVILLE, FL 322561843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ENG, JEAN GEE 8118 BAYMEADOWS CIRCLE, EAST UNIT #9 JACKSONVILLE, FL 322561843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONG, JEANNIE 8118 BAYMEADOWS CIRCLE, EAST UNIT #9 JACKSONVILLE, FL 322561843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000359967
05/05/05-80014-008 150.00

**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:

George Kelly Eng
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 (904) 705-9857
Date Daytime Phone #