

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 246614 1. Entity Name THE CHONG CORPORATION	
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Principal Place of Business 3820 NAVY BLVD. WARRINGTON FL 32507	Mailing Address 3820 NAVY BLVD. WARRINGTON FL 32507
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent CHONG, WING 3820 NAVY BLVD. WARRINGTON FL 32507	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	4. FEI Number 59-0969888 Applied For Not Applicable
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHONG, WING 3820 NAVY BLVD PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000281428 03/31/05-80002-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHONG, NUTHI 3820 NAVY BLVD PENSACOLA FL <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	S CHONG, NUTHI 3820 NAVY BLVD PENSACOLA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: WING CHONG 3-29-05 850-455-0995
Date Daytime Phone