

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90053 030 \*\*\*150.00

**DOCUMENT # 524152**

1. Entity Name

ARMON, INC.



Principal Place of Business

16050 S TAMiami TR  
STE 105  
FT. MYERS FL 33908

Mailing Address

16050 S TAMiami TR  
STE 105  
FT. MYERS FL 33908

2. Principal Place of Business

16050 S TAMiami TRAIL #105

Suite, Apt. #, etc.

3. Mailing Address

16050 S TAMiami TRAIL

Suite, Apt. #, etc.

# 105

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33908

Country

U.S.A.

Zip

33908

Country

U.S.A.

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1727778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOONSOPON, ARMON  
16050 S. TAMiami TRAIL  
#105  
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE TS ☐ Delete  
NAME BOONSOPON, VILAWAN  
STREET ADDRESS 16050 S TAMiami TR., #105  
CITY-ST-ZIP FT. MYERS FL 33908

TITLE PD ☐ Delete  
NAME BOONSOPON, ARMON  
STREET ADDRESS 16050 S TAMiami TR.  
CITY-ST-ZIP FT. MYERS FL 33908

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Vilawan Boonsopon*

VILAWAN BOONSOPON

JAN. 31, 2005

(239) 482-1140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #