


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 649479</b> 1. Entity Name <b>TONG ENTERPRISES, INC.</b>	
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Principal Place of Business <b>1181 JADE EAST LANE KISSIMMEE, FL 34744</b>	Mailing Address <b>1181 JADE EAST LANE KISSIMMEE, FL 34744</b>
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04132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2094034**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**TONG, RONALD K. T.  
1181 JADE EAST LANE  
KISSIMMEE, FL 34744**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**1111000549286  
05/13/06-80017-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	TONG, RONALD K. T.
STREET ADDRESS	1181 JADE EAST LANE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	STD
NAME	TONG, FAY J.
STREET ADDRESS	1181 JADE EAST LANE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ron Tong*  
**Ron Tong**

**4/11/06**

**407 348 4769**

Date

Daytime Phone #