

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90022 007 ***150.00

DOCUMENT # 845463
 1. Entity Name
ARIZONA TUSCON INN CO., INC.



Principal Place of Business: **5399 W HWY 192, KISSIMMEE FL 34746, US**
 Mailing Address: **5399 W. HWH 192, KISSIMMEE FL 34746, US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

94045344

MOORE CR2E034 (11/03)
 4. FEI Number: **86-0355599**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
YOUNG, JOHNSON
940 NORTH ATLANTIC AVENUE
DAYTONA BEACH FL 32018

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **5399 W. HWY, 192**
Kissimmee, FL. 34746
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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: P	<input type="checkbox"/> Delete
NAME: YOUNG, JOHNSON	
STREET ADDRESS: 940 N. ATLANTIC AVE.	
CITY-ST-ZIP: DAYTONA BEACH FL	
TITLE: VP	<input type="checkbox"/> Delete
NAME: YOUNG, TSWEI-LI	
STREET ADDRESS: 940 N. ATLANTIC AVE.	
CITY-ST-ZIP: DAYTONA BEACH FL	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Young, Johnson	
STREET ADDRESS: 5399 W. HWY 192	
CITY-ST-ZIP: Kissimmee, FL. 34746	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: Johnson Young (Johnson Young) **4/3/04** **401-396-6015**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #