

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90041 032 ****61.25

DOCUMENT # F00000006267

1. Entity Name

THAN NHAN INCORPORATED



Principal Place of Business

14240 HWY 98 N.
KATHLEEN FL 33849

Mailing Address

14240 HWY 98 N.
KATHLEEN FL 33849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3708736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LE, KIM
14240 HWY 98 N
KATHLEEN FL 33849

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME C
STREET ADDRESS HOANG, KHANH
CITY-ST-ZIP 14240 HWY 98 N
KATHLEEN FL 33849

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

TITLE ☐ Delete
NAME P
STREET ADDRESS NGUYAN, HUONG
CITY-ST-ZIP 14240 HWY 98 N
KATHLEEN FL 33849

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS LE, KIM
CITY-ST-ZIP 14240 HWY 98 N
KATHLEEN FL 33849

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

TITLE ☐ Delete
NAME T
STREET ADDRESS MAI VO, HONG
CITY-ST-ZIP 12220 HWY 98 N.
LAKELAND FL 33809

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NGUYEN, VINH
CITY-ST-ZIP 12220 HWY 98 N
KATHLEEN FL 33849

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS BANG, HIEP
CITY-ST-ZIP 14240 HWY 98 N
KATHLEEN FL 33849

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 617, 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

Date

Daytime Phone #

Kim Le

3/23/04 863-255-6857