


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F13297	
1. Entity Name H.S. KWOH & ASSOCIATES, INC.	

Principal Place of Business 275 96TH AVE N UNIT #1 ST PETERSBURG, FL 33702	Mailing Address 275 96TH AVE N UNIT #1 ST PETERSBURG, FL 33702
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2047402	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KWOH, HENRY S 1800-72ND AVE NE ST PETERSBURG, FL 33702	DO NOT WRITE IN THIS SPACE
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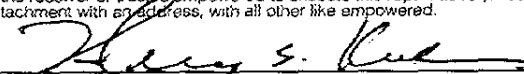
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT KWOH, GEAN L 1800-72ND AVE NE ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, ROSIE K 6160 MCLENDON CT. ALEXANDRIA, VA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS KWOH, HENRY S 1800-72ND AVE., N.E. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KWOH, KENT C 316 WILDBERRY ROAK PITTSBURGH, PA 15238
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OGLESBY, RITA J KWOH 1846 COFFEE POT BLVD., NE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/20/04-80032-005 158.75

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: 	4/20/04 (727) 577-7633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #