

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90033 046 \*\*\*150.00

**DOCUMENT # F57545**

1. Entity Name  
**JIN HO, INC.**



Principal Place of Business  
**400 S ORLANDO AVENUE  
WINTER PARK, FL 32789**

Mailing Address  
**400 S ORLANDO AVENUE  
WINTER PARK, FL 32789**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2147322**

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

**VAN, TAI C  
400 SOUTH ORLANDO AVENUE  
WINTER PARK, FL 32789**

**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]*

*1/24/04*

*[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: ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: **P**  
NAME: **VAN, TAI C**  
STREET ADDRESS: **9226 TOBY LANE**  
CITY-ST-ZIP: **ORLANDO, FL**

TITLE: **S**  
NAME: **VAN, PHUONG L**  
STREET ADDRESS: **9226 TOBY LANE**  
CITY-ST-ZIP: **ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
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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 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:**

*[Signature]*

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #