

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # H01519

1. Entity Name
LITTLE DRAGON, INC.



Principal Place of Business
**% PHYLLIS CHAN
4309 HEATHER LANE
JACKSONVILLE, FL 32207**

Mailing Address
**% PHYLLIS CHAN
4309 HEATHER LANE
JACKSONVILLE, FL 32207**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2426907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAN, PHYLLIS
4309 HEATHER LANE
JACKSONVILLE, FL 32207**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ENG, JACK P. 8937 BELLE RIVE BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WONG ENG, YUK SIN 8937 BELLE RIVE BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHAN, MING S. 4309 HEATHER LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CHAN, PHYLLIS 4309 HEATHER LANE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/14/05-80034-016 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05 Date *904-733-1725* Daytime Phone #