

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90190 001 ***150.00
02-11-2004 90190 002 ****13.75

DOCUMENT # K56396

1. Entity Name

DELTA FOLIAGE, INC.



Principal Place of Business

5205 MT PLYMOUTH RD
APOPKA FL 32712-5221

Mailing Address

5205 MT PLYMOUTH RD
APOPKA FL 32712-5221

2. Principal Place of Business

5205 Mt. plymouth Rd.

Suite, Apt. #, etc.

3. Mailing Address

5205 Mt. plymouth Rd.

Suite, Apt. #, etc.

City & State

APOPKA FL

Zip

32712

Country

Orange.

City & State

APOPKA FL

Zip

32712

Country

Orange.

4. FEI Number

59-2927079

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIM, JUNG SOOK
5205 MT PLYMOUTH RD
APOPKA FL 32703

7. Name and Address of New Registered Agent

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

Jungsook Kim owner/ President.
JUNG SOOK KIM

2/3/04

(Signature, type or printed name of registered agent and title if applicable.)

(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.

X

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DST
NAME KIM, JUNG SOOK
STREET ADDRESS 5205 MT PLYMOUTH RD
CITY-ST-ZIP APOPKA FL 32712.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Jungsook Kim* KIM, JUNG SOOK 2/3/04 (407) 886-8506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #