


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90076 041 ***150.00

DOCUMENT # K97178
 1. Entity Name
UNCLE PU'S RESTAURANT & HOTEL LIMITED, INC.



Principal Place of Business
638 BLONDING BLVD
ORANGE PARK, FL 32073

Mailing Address
638 BLONDING BLVD
ORANGE PARK, FL 32073

50034959



2. Principal Place of Business
638 Blonding Blvd

3. Mailing Address
 Suite, Apt. #, etc.

03292005 Chg-P CR2E034 (10/03)

City & State
Orange Park FL

City & State

Zip
32073

Country
Clay

4. FEI Number
59-2958873

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PU, ALLAN
661 BLANDING BLVD #104
ORANGE PARK, FL 32073

7. Name and Address of New Registered Agent
 Name
PU, ALLAN

Street Address (P.O. Box Number is Not Acceptable)
638 BLANDING Blvd

City
Orange Park

State
FL

Zip Code
32073

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	DP	Delete
	ALLEN, PU	638 BLONDING BLVD	ORANGE PARK, FL 32073	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	ALLAN, PU	638 BLANDING BLVD.	ORANGE PARK FL 32073	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  Date: **3-29-05** Daytime Phone #: **1-904-276-4488**