


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02999</b> 1. Entity Name GOLDEN HARVEST OF CHARLOTTE COUNTY, INC.	
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Principal Place of Business MR. WUS CHINESE GOURMET 1441 TAMiami TRAIL RM#619 PORT CHARLOTTE, FL 33948	Mailing Address MR. WUS CHINESE GOURMET 1441 TAMiami TRAIL RM#619 PORT CHARLOTTE, FL 33948
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02062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0137856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
LEUNG, STEVE  
1441 TAMiami TRAIL  
RM # 619  
PORT CHARLOTTE, FL 33948

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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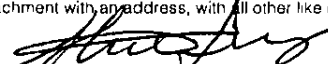
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEUNG, STEVE 406 SPRINGLAKE BLVD PT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEUNG, DIH DIH 406 SPRINGLAKE BLVD PT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, CHAT YIN 406 SPRINGLAKE BLVD PT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHEN, WAI HAN 406 SPRINGLAKE BLVD PT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/08-80046-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  (STEVE LEUNG) 2/11/2008 (941) 624-3938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #