

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 23, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # L94640**

1. Entity Name  
**NEW CONTINENTAL, INC.**



Principal Place of Business  
**2501 OLD LAKE WILSON RD.  
KISSIMMEE, FL 34747 US**

Mailing Address  
**2501 OLD LAKE WILSON RD.  
KISSIMMEE, FL 34747 US**



04052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0215002**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SIMON, GARY P.  
9100 SOUTH DADELAND BLVD  
STE 504  
MIAMI, FL 33156**

**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, typed 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**1100000125924  
04/23/04-80013-012 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LIM, KEE CHIN
STREET ADDRESS	2501 SAND HILL RD
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	PD
NAME	RICHARDS, CHRISTIANA
STREET ADDRESS	2501 SAND HILL RD
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	SD
NAME	LIM, CHRISTOPHER
STREET ADDRESS	14675 BRADDOCK OAK DR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VD
NAME	RICHARDS, KERRY
STREET ADDRESS	2501 SAND HILL RD
CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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)(f), 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:** Christiana Richards **4-20-04 (407) 396-1887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #