

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90284 001 ***122.50

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1. Entity Name
THE HOUSE OF SHENG CHI, INC.



Principal Place of Business
**9612 MACNORTON RD
ALTAMONTE SPRINGS, FL 32715**

Mailing Address
**P.O. BOX 2649
ORLANDO, FL 32802**

66428071



DO NOT WRITE IN THIS SPACE

06082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3653419

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, JOCELYN
9612 MACNORTON RD
ALTAMONTE SPRINGS, FL 32715**

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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

**Filing Fee is \$61.25
Due by September 8, 2004**

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
JONES, JOCELYN
P.O. BOX 2649
ORLANDO, FL 32802**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #