

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **NC5000002751**

1. Entity Name

WAT PRA-KEO, INC.



Principal Place of Business
404 BAY BERRY DR.
LAKE PARK FL 33403

Mailing Address
404 BAY BERRY DR.
LAKE PARK FL 33403

FILED

05 NOV 15 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2nd MOORE 65-067 (5/05) 05

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0673066

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NACHAMPASSAK, CHAO-VEING
404 BAY BERRY DRIVE
LAKE PARK FL 33403

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

Chao Vieng Nachampassak
CHAO VIENG NACHAMPASSAK

NOV 10th 2005

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NACHAMPASSAK, CHAO-VEING
404 BAY BERRY DRIVE
LAKE PARK FL
SD ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THANSAMAI, WALAIPORN
404 BAY BERRY DRIVE
LAKE PARK FL 33403
D ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EDWARD, BRIAN
404 BAY BERRY DR
LAKE PARK FL
D ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NACHAMPASSAK, KHAMKHAY
404 BAY BERRY DR.
LAKE PARK FL
☐ 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 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400061137794
11/03/05--01037--024 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400061137794
11/15/05--01015--016 **136.25

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 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 *Chao Vieng Nachampassak*

B. Mitchell NOV 16 2005