

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 27, 2008 8:00 am**  
**Secretary of State**

06-27-2008 90001 041 \*\*\*\*70.00

**DOCUMENT # N97000002614**

1. Entity Name  
**WATLAO BUDDHA PHAVANARAM INC.**



Principal Place of Business  
**5618 58TH ST N.  
KENNETH CITY, FL 33709**

Mailing Address  
**5618 58TH ST N.  
KENNETH CITY, FL 33709**

**DO NOT WRITE IN THIS SPACE**



06182008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-3450687**

Applied For  
Not Applicable

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

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

**XAYASONE, KEO  
5760 16TH AVENUE NORTH  
ST. PETERSBURG, FL 33710**

**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 **KEO XAYASONE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Keo Xayasone* **6/20/08**

**Filing Fee is \$61.25  
Due by September 12, 2008**

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	D KETTAVONG, KHAMPHA 5618 58TH STREET N. KENNETH CITY, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD XAYASONE, KEO 5760 16TH AVENUE N. SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>PHOSY KHAMMANIVONG</b> <b>1890 TO CIRCLE N.</b> <b>ST. PETERSBURG, FL 33702</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHIMVILAYPHONE, SOMPHACK 2846 30TH STREET N. SAINT PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VONGSALAY, COREY 2327 4TH STREET N. ST. PETERSBURG, FL 33713
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 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 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: **Keo Xayasone**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/20/08**

Date

Daytime Phone **(727) 631-4611**