## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P00000011964**

1. Entity Name CHANG'S GROUP, INC.



Principal Place of Business

318 SARASOTA QUAY SARASOTA, FL 34236 Mailing Address

318 SARASOTA QUAY SARASOTA, FL 34236

## FILED Mar 29, 2004 8:00 am Secretary of State

03-29-2004 90043 048 \*\*\*150.00

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### DO NOT WRITE IN THIS SPACE

03062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0981568

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANG, TONY 318 SARASOTA QUAY SARASOTA, FL 34236

# DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
-SIGNATURE_					
-granzione	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE: Registered A	gent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	<ol><li>Election Campaign Financ Trust Fund Contribution.</li></ol>	ng 🔲	<b>\$5.00</b> May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANG, TONY 2374 TURNBERRY COURT NAPLES, FL 34109				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, GEORGE H. S 18 GLASTONBURG PL. LAGUNA NIGUEL, CA 92677				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHANG, LI 2374 TURNBERRY COURT NAPLES, FL 34109			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANG, HSIN T 2374 TURNBERRY COURT NAPLES, FL 34109		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON HISTED NAME OF SIGNING OFFICER OF DIRECTOR

3-19-2004

941-951-2440

Date

Daytime Phone #