## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 14, 2007 8:00 am DOCUMENT # P00000075263 **Secretary of State** 02-14-2007 90064 043 \*\*\*150.00 TRAN AND DUONG CORPORATION Principal Place of Business Mailing Address 10055 ATLANTIC BLVD. 10055 ATLANTIC BLVD. JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3664856 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUONG, THANH V Street Address (P.O. Box Number is Not Acceptable) 10055 ATLANTIC BLVD. JACKSONVILLE FL 32225 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 100 Delete TITLE Change DUONG, THANH V Duong, Thanh V. NAME NAME 382 WEST MISTY HOLLOW DRIVE 649 Sandringham Dr. STREET ADDRESS STREET ADDRESS Jacksonville, Fl. 32225 (New Address) JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-7/P nm☐ Delete TITLE ☐ Change Addition NAME STRUT ADDRESS STREET ADDRESS CHY-S1-70 CITY-ST-7IP 11111 Delete HITE ☐ Change ■ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Defete ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILL. Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP THU: Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZtP

FILED

SIGNATURE: Jaw Jaw (Thanh Van Duong-Pres.) 1/31/07 (904) 724-8883

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 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.