## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED **DOCUMENT # P01000015140** Apr 19, 2005 08:00 AM Secretary of State 1. Entity Name CHINA 1 CHINESE FOOD OF OCALA, INC. Principal Place of Business \_\_\_\_ - - Mailing Address 2703 NE SILVER SPRINGS BLVD. 2703 NE SILVER SPRINGS BLVD. OCALA, FL 34470 OCALA, FL 34470 04032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3099553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LU, TONG YUN DO NOT WRITE 2703 NE SILVER SPRINGS BLVD. OCALA, FL 34470 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 $\Box$ Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE LU. TONG YUN NAME 1821 SE 31ST LN STREET ADDRESS CITY-ST-ZIP OCALA, FL 34470 U00000315631 04/19/05-80043-016 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR SHINTED NAME OF SIGNING OFFICER OR DIRECTOR