

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90034 045 ***150.00

DOCUMENT # P01000018929

1. Entity Name

CHUN-YOUNG, INC.



Principal Place of Business

3915 A1A SOUTH
SUITE 101
ST AUGUSTINE BEACH FL 32080

Mailing Address

503 ROYAL ROAD
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3915 A1A South
Suite, Apt. #, etc.
#101

3. Mailing Address

3915 A1A S
Suite, Apt. #, etc.
#101

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32080

Country

Zip

32080

Country

4. FEI Number

59-3728505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHU, HANJING
503 ROYAL ROAD
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	HANJING, SHI	
STREET ADDRESS	503 ROYAL ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	XING, WEI Z	
STREET ADDRESS	503 ROYAL ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZHANG, GUO X	
STREET ADDRESS	503 ROYAL ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> Delete
NAME	LI, MING	
STREET ADDRESS	503 ROYAL RD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/04