

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000022254

1. Entity Name
BCN FARMS, INC.



Principal Place of Business
501 SANDY CREEK DR
BRANDON, FL 33511

Mailing Address
501 SANDY CREEK DR
BRANDON, FL 33511



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3703226

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KEITH, W. C.
1722 STAYSAIL DR
VALRICO, FL 33594

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
KEITH, W. CURTIS
1722 STAYSAIL DR
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KUE, CHOJ
501 SANDY CREEK DR
BRANDON, FL 33511

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
YANG, BEAUJOIS
9954 STOCKBRIDGE DR
TAMPA, FL 33626

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KUE, VANG NENG
19159 RENO ST
DETROIT, MI 48205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
YANG, TOU DOUA
11216 ANDY DR
RIVERVIEW, FL 33569

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 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:

Choj Kue

CHOJ KUE, President

2-16-04

813-661-5193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #