

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90028 013 ***150.00

DOCUMENT # P01000045078

1. Entity Name
JIANG'S GROUP, INC.



Principal Place of Business
**106 HANCOCK BRIDGE PKWY
D-18
CAPE CORAL, FL 33990-1059 US**

Mailing Address
**5100 OLD HOWELL BRANCH RD
WINTER PARK, FL 32792**

50017588

2. Principal Place of Business

3. Mailing Address

**106 Hancock Bridge Pkwy
Suite, Apt. #, etc. **FE18****

01192005

Chg-P

CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

4. FEI Number
69-1096178

Applied For
Not Applicable

Zip

Country

Zip

33990

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIU, RACHEL
5100 OLD HOWELL BRANCH RD
WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent

Name **JUN JIANG**

Street Address (P.O. Box Number is Not Acceptable)

920 SE 17th St

City **Cape Coral**

FL

Zip Code

33990

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

1/24/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **JIANG, JUN**
STREET ADDRESS **920 SE 17TH ST**
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE **V** ☐ Delete
NAME **TANG, XUE MING**
STREET ADDRESS **1867 SUNSET PLACE**
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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)(f), 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 #

**1/24/05 (239)
571-8811**