

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000046454</b>	
1. Entity Name <b>CHAN'S BIG EASY INC.</b>	
Principal Place of Business <b>11445 CHASE MEADOWS DR. S JACKSONVILLE, FL 32256</b>	Mailing Address <b>11445 CHASE MEADOWS DR. S JACKSONVILLE, FL 32256</b>



04132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3721430</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WONG, WILLIS 11445 CHASE MEADOWS DR. S JACKSONVILLE, FL 32256</b>
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**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] DATE: 4/15/05  
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  
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 NAME STREET ADDRESS CITY - ST - ZIP	PD WONG, WILLIS 11445 CHASE MEADOWS DR. S JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHAN, KEITH 301 LAZY MEADOW DR WEST JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/15/05-80028-019 150.00

**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: [Signature] Date: 4/15/05 (904) 716-3382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #