

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90296 006 ***150.00

DOCUMENT # P01000060252

1. Entity Name
THAI ORCHID, INC.



Principal Place of Business
10022 CROSS CREEK BLVD.
TAMPA, FL 33647 US

Mailing Address
~~9145 ROCKROSE DRIVE~~
~~TAMPA, FL 33647 US~~
10022 CROSS CREEK BLVD
TAMPA, FL 33647



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3725555

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THANAPRACHOOM, TASANEE
10022 CROSS CREEK BLVD.
TAMPA, FL 33647

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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) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LATTANAND, SAWANEE
STREET ADDRESS 10022 CROSS CREEK BLVD.
CITY-ST-ZIP TAMPA, FL 33647

TITLE VD PR S
NAME THANAPRACHOOM, TASANEE
STREET ADDRESS 10022 CROSS CREEK BLVD.
CITY-ST-ZIP TAMPA, FL 33647

TITLE T HIP I E
NAME PHONTAK, UNYAKAT
STREET ADDRESS 10022 CROSS CREEK BLVD.
CITY-ST-ZIP TAMPA, FL 33647

TITLE S
NAME PAISAN, KLAILEE
STREET ADDRESS 10022 CROSS CREEK BLVD.
CITY-ST-ZIP TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Tasanee Thanaprachoom* / TASANEE THANAPRACHOOM

4/28/06

813-994-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #