2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000062066

1. Entity Name
SUKITJAVANICH FAMILY, INC.

Principal Place of Business	Mailing Address
11025 INT'L DR ORLANDO, FL 32821	11025 INT'L DR ORLANDO, FL 32821

07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3727048
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FONG, DAVID
1221 E ROBINSON ST
ORLANDO, FL 32801

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUKITJAVANICH, RUNGCHAVAL
STREET ADDRESS	11025 INT'L DR
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	VCEO
NAME	SUKITJAVANICH, CHACHAVALL
STREET ADDRESS	11025 INT'L DR
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	DS
NAME	SUKITJAVANICH, AROONTIDAL
STREET ADDRESS	11025 INT'L DR
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	DT
NAME	CHARUNAGA, RACHADCHADA
STREET ADDRESS	11025 INT'L DR
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	D
NAME	NIMNOI, TANACHIT
STREET ADDRESS	11025 INT'L DR
CITY-ST-ZIP	ORLANDO, FL 32821
TITLE	D
NAME	CHARUNAGA, WANICHA
STREET ADDRESS	11025 INT'L DR
CITY-ST-ZIP	ORLANDO, FL 32821

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08/13/04-80004-002 150.00

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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: _____ 8/8/04 407-239-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #