## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 13, 2005 08:00 AM Secretary of State

ANNUAL REPORT						Juli 13, 2003 00:00 Alvi			
DOCUMENT # P01000107930 1. Entity Name						Secre	tary of Sta	te	
PHAN AND WONG, INCORPORATED					7				
Principal Place of Business Mailing Address				L	-				
13769 S IOHN YOUNG PKWY. ORLANDO, FL 32837		5039 ALAVISTA DRIVE ORLANDO, FL 32837							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06082005	Chg-P	CR2E034 (10/03)	er eri rævese	
City & State		City & State			4. FEI Numb 59-375		<del>  </del>	pplied For ot Applicable	
Zip	Country	Zip	Coun	try .		of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
PHAN TANG									
13769 S JOHN YOUNG PKWY. ORLANDO, FL 32837				Street Address (P.O. Box Number is Not Acceptable)					
				City	<u> </u>		FL Zip Coo	de eb	
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 table if applicable. (NOTE Registered Agent signature required when reinstating).  DATE									
7									
FILE NOWILL FEE IS \$150.00 9. Election Campaign Due by September 7, 2005 Trust Fund Contribu					ided to Fees	corporation dic	I not receive the prior	notice.	
10.			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME			TITLE		U00000369525 Change Addition 06/13/05-80002-006 150.00				
STREET ADDRESS CITY-ST-ZIP	5039 ALAVISTA DRIVE			ET ADDRESS -ST-ZIP	06/13/05-80002-006 150.00				
TITLE	VD	☐ Delete (1)		l l			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME SYBE	E Et address					
CITY - ST - ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE	I			☐ Change	Addition	
NAME STREET ADDRESS			NAME	E Et address					
CITY-ST-ZIP		<u>-</u>		-ST-ZP		_ <u></u>			
TITLE NAME		☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP		<u> </u>	CITY-	-ST-ZIP		<u> </u>		gar - Telepador	
TITLE NAME		☐ Delete	TITLE NAME	<b>I</b>			☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS					
CITY+ST-ZIP		·	CITY	-ST-ZIP		<del></del>		1	
TITLE		☐ Delete	THLE	<b>I</b>			Change	☐ Addition	
NAME Street address			NAME STREE	ET ADDRESS				[	
CITY-ST-ZIP				·ST-ZIP		<u> </u>			
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.									
1 - 11 00000									