## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 23, 2005 8:00 am **Secretary of State** DOCUMENT # P01000120824 1. Entity Name 03-23-2005 90036 037 \*\*\*150.00 FIRST ORCHID NURSERY, INC. Principal Place of Business Mailing Address 2107 PLYMOUTH SORRENTO RD. APOPKA FL 32712 2107 PLYMOUTH SORRENTO RD. APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 02-0535998 Not Applicable Zip Country Country 7in \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Won Song HARRIS, SANG Street Address (P.O. Box Number is Not Acceptable) 800 NORTH FERNCREEK AVENUE #16 ORLANDO FL 32803 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ρ Addition TITLE TITLE Change Delete KANG, SONG WON NAME NAME 2107 PLYMOUTH SORRENTO RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition

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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

NAME

STREET ADDRESS

CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: