

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90795 001 ***300.00

DOCUMENT # P02000018146 1. Entity Name GRAND CHINA OF WINTER HAVEN, INC.			
Principal Place of Business 122 ALTON ST DAVENPORT, FL 33897		Mailing Address 122 ALTON ST DAVENPORT, FL 33897	
2. Principal Place of Business 870 Cypress Gardens Blvd		3. Mailing Address 870 Cypress Gardens Blvd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Winter Haven Blvd Winter Haven		City & State Winter Haven	
Zip 33880		Zip 33880	
Country		Country	
4. FEI Number 01-0599428		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LIN, ZHEN X 122 ALTON ST DAVENPORT, FL 33897		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Lin Zhen X</i></u> (NOTE: Registered Agent signature required when registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, ZHEN X 122 ALTON ST DAVENPORT, FL 33897	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIU, XU H 122 ALTON ST DAVENPORT, FL 33897	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIU, YI H 2769 SNOW GOOSE LANE LAKE MARY, FL 32746	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANG, JESSIE H 2769 SNOW GOOSE LANE LAKE MARY, FL 32746	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	☐ Delete	☐ Change ☐ Addition
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: <u><i>Lin Zhen X</i></u>		<u><i>4/24/04</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR		Date Daytime Phone #	

66417997



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