

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90764 033 ***150.00

DOCUMENT # P02000074515 1. Entity Name TUM NUK THAI RESTAURANT, INC.			
Principal Place of Business 2207 54TH ST. S. GULFPORT, FL 33707		Mailing Address 2207 54TH ST. S. GULFPORT, FL 33707	
2. Principal Place of Business 11002 Seminole Blvd Suite, Apt. #, etc.		3. Mailing Address Hetzel Accounting, Inc. P.O. Box 20236 City, State, Zip St. Petersburg, FL 33742	
City & State Largo		4. FEI Number 04-3698920	
Zip 33778		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03242004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HASTINGS, DAVID C 2207 54TH ST. S. GULFPORT, FL 33707		7. Name and Address of New Registered Agent Name: Tara Hetzel Street Address (P.O. Box Number is Not Acceptable): 9100 9th St N #403 City: St Pete FL Zip Code: 33702	
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>T. Hetzel</i></u> DATE: <u>3/24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD PUDSONE, THAWIL 11002 SEMINOLE BLVD. LARGO, FL 33778	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TEPWONG, SOMJIT 11002 SEMINOLE BLVD. LARGO, FL 33778	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/13/04</u> Daytime Phone #: <u>397-7759</u>	