

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90334 046 ***150.00

DOCUMENT # P02000074515

1. Entity Name
TUM NUK THAI RESTAURANT, INC.



Principal Place of Business
**11002 SEMINOLE BLVD
LARGO, FL 33778 US**

Mailing Address
**35246 US HWY 19 N
#311
PALM HARBOR, FL 34684 US**

40043000



2. Principal Place of Business

3. Mailing Address

Hetzl Accounting, Inc.
Suite, Apt. #, etc.
P.O. Box 1034

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Palm Harbor, FL 34682

Zip

Country

Zip

Country

4. FEI Number
04-3698920

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HETZEL, TARA
35246 US HWY 19 N
#311
PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

634 Green Valley Rd

City

Palm Harbor FL

Zip Code

34683

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

T. Hetzel

2/23/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PUDSONE, THAWIL
11002 SEMINOLE BLVD.
LARGO, FL 33778** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
TEPWONG, SOMJIT
11002 SEMINOLE BLVD.
LARGO, FL 33778** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #