

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90013 047 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P02000088104**

1. Entity Name  
GLORY MORNING, INC.



Principal Place of Business

7318 WOODHILL DRIVE  
# 1111  
ORLANDO, FL 32818  
*2619 N. Pine Hills Rd  
Orlando, FL 32808*

Mailing Address

2619 N. PINE HILLS ROAD  
SUITE 8  
ORLANDO, FL 32808

**54022104**



01052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1438662

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HO, KI Y  
7318 WOODHILL DRIVE  
#1111  
ORLANDO, FL 32818

**DO NOT WRITE  
IN THIS SPACE**

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

**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

TITLE PD  
NAME HEO, JIN  
STREET ADDRESS 7318 WOODHILL DRIVE, #1111  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE V  
NAME HO, KI Y  
STREET ADDRESS 7318 WOODHILL DRIVE, #1111  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE SD  
NAME HO, CHUN J  
STREET ADDRESS 7318 WOODHILL DRIVE, #1111  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE TD  
NAME HO, KI Y  
STREET ADDRESS 7318 WOODHILL DRIVE, #1111  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Chun Ho, VP* 3/25/04 402-532-0408