

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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01092004 No Chg-P CR2E034 (10/03)

DOCUMENT # P02000093790
 1. Entity Name
MYUNGJI NURSERY, INC.



Principal Place of Business
 2553 W. KELLY PARK ROAD
 APOPKA, FL 32712 US

Mailing Address
 2553 W. KELLY PARK ROAD
 APOPKA, FL 32712 US

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0561306 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
KIM, CHONG-W Bae, Sung Ok
~~1647 SUNSET VIEW CIRCLE~~ **2553 W. Kelly Park Rd**
~~APOPKA, FL 32703~~ **Apopka, FL 32712**

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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 DATE **3/31/04**

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	P, T
NAME	NAM, MYUNG J
STREET ADDRESS	2553 W. KELLY PARK ROAD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	VP, S, D
NAME	KIM, CHONG-W Bae, Sung Ok
STREET ADDRESS	1647 SUNSET VIEW CIRCLE 2553 W. Kelly Park Road
CITY-ST-ZIP	APOPKA, FL 32703 Apopka, FL 32712
TITLE	D
NAME	NAM, MYUNG J
STREET ADDRESS	2553 W. KELLY PARK ROAD
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: **Sung Bae**, 3/31/04 407-880-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #