


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-11-2008 90020 015 ***150.00

DOCUMENT # P02000113592 1. Entity Name CANTON CHINESE RESTAURANT INC.	
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Principal Place of Business 2624 WEST TENNESSEE STREET TALLAHASSEE, FL 32304	Mailing Address 2624 WEST TENNESSEE STREET TALLAHASSEE, FL 32304
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66005163



01252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 50-0007024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LIN, CHANG H 2624 WEST TENNESSEE STREET TALLAHASSEE, FL 32304
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D LIN, CHANG H 2624 WEST TENNESSEE STREET TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LIN, CHAG K 2624 WEST TENNESSEE STREET TALLAHASSEE, FL 32304
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**DO NOT WRITE
IN THIS SPACE**

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: X Chang Kai Lin
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

3-2-08

Date Daytime Phone #