


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90027 033 ***150.00

DOCUMENT # P02000118806		
1. Entity Name GIN HONG CORPORATION		
Principal Place of Business 9518 ARGYLE FOREST BLVD C-13 JACKSONVILLE, FL 32222		Mailing Address 9518 ARGYLE FOREST BLVD C-13 JACKSONVILLE, FL 32222

4000000000



2. Principal Place of Business - No P.O. Box # 9542 ARGYLE FOREST BLVD		3. Mailing Address 9542 ARGYLE FOREST BLVD	
Suite, Apt. #, etc. C-13		Suite, Apt. #, etc. BLVD C-13	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32222	Country USA	Zip 32222	Country USA

04012008 Chg-P CR2E034 (12/06)

4. FEI Number 16-1651389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZHENG, HENRY H 1450 CEDAR GROVE TERRACE ORANGE PARK, FL 32003		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZHENG, HENRY H 1450 CEDAR GROVE TERRACE ORANGE PARK, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

04/01/08
Date

904-4256999
Daytime Phone #