

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

04 JAN 14 PM 5:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152004 Chg-P CR2E034 (10/03)

04

4. FEI Number **56-2353170** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

FONG, DAVID  
1221 E ROBISON ST  
ORLANDO, FL 32801

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 WONG, MAI K ☐ Delete  
STREET ADDRESS 371 RED MULBERRY ST  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE VD  
NAME WONG, WILLIAM C ☐ Delete  
STREET ADDRESS 371 RED MULBERRY ST  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE VD  
NAME WONG, ANDREW C ☐ Delete  
STREET ADDRESS 371 RED MULBERRY ST  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE SD  
NAME WONG, EDWARD T ☐ Delete  
STREET ADDRESS 371 RED MULBERRY ST  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME **000027769530**  
STREET ADDRESS **01/29/04--01025--017 \*\*150.00**  
CITY-ST-ZIP

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

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

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

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

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:

See Attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B



## Division of Corporations

## Annual Report

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Document Number

P03000020662

Business Entity Name

MEWA GROWER AND NURSERY, INC.

FEI Number

562353170

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

## Principal Place of Business

Address

1100 STONE STREET

Suite, Apt. #, etc.

City, State

OVIEDO

FL

Zip Code &amp; Country

32765

## Mailing Address

Address

1100 STONE STREET

Suite, Apt. #, etc.

City, State

OVIEDO

FL

Zip Code &amp; Country

32765

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

FONG

DAVID

-or- RA Business Name

Address

1221 E ROBISON ST

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32801

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

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# Division of Corporations

## Annual Report

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Business Entity Name

MEWA GROWER AND NURSERY, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

### Officer/Director Name And Address

Title	PD
Name (Last, First, Middle, Title)	WONG MAI K
-or- Entity Name	
Street Address	371 RED MULBERRY ST
City, State	LONGWOOD FL
Zip Code & Country	32779
Title	VD
Name (Last, First, Middle, Title)	WONG WILLIAM C
-or- Entity Name	
Street Address	1155 Oakdale Dr. SE
City, State	Smyrna GA
Zip Code & Country	30080
Title	VD
Name (Last, First, Middle, Title)	WONG ANDREW C
-or- Entity Name	
Street Address	313 E. 85 St. Apt. 3C
City, State	New York NY
Zip Code & Country	10028
Title	SD
Name (Last, First, Middle, Title)	WONG EDWARD T
-or- Entity Name	

P/H

Street Address 371 RED MULBERRY ST

City, State: LONGWOOD FL

Zip Code &amp; Country 32779

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title SD

Officer/Director Signature Edward T. Wong

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