


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90776 041 ***150.00

DOCUMENT # P03000023565	
1. Entity Name JACKSONVILLE 779 BUFFET INC.	

Principal Place of Business 6473 CONROY RD. #809 ORLANDO, FL 32835	Mailing Address 6473 CONROY RD. #809 ORLANDO, FL 32835
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14018510



2. Principal Place of Business 779 DUNN AVE	3. Mailing Address 779 DUNN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292004 Chg-P CR2E034 (10/03)

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32218	Country USA
Zip 32218	Country USA

4. FEI Number 06-1683298	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent KIANG, PAUL 6473 CONROY RD. #809 ORLANDO, FL 32835	
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 _____ (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. <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 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: Ming Yang 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #