

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended  
FILED

04 NOV 30 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11012004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000034809			
1. Entity Name THAI RUBY Ocala, INC.			
Principal Place of Business 16530 KERRY HILLS SPRING HILL, FL 34610 US		Mailing Address 16530 KERRY HILLS SPRING HILL, FL 34610 US	
2. Principal Place of Business 3131 SW College Rd Suite, Apt. #, etc. Suite # 206 City & State Ocala Florida Zip 34474 Country US		3. Mailing Address 3131 SW College Rd Suite, Apt. #, etc. Suite # 206 City & State Ocala Florida Zip 34474 Country US	
4. FEI Number 65-1184493		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 34474 TORRENCE, ALFRED W JR. 6645 RIDGE ROAD PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name Computerized Accounting & Tax Specialist, Inc Street Address (P.O. Box Number is Not Acceptable) 2201 SW College Rd Suite # 5 City Ocala FL Zip Code 34474	
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 <u>Paul Schmieder</u> <u>Paul Schmieder</u> 11/1/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDANIEL, KEITH J 16530 KERRY HILLS LANE SPRING HILL, FL 34610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President WKRIT KHONGKHAKUL 2647 SW 33rd Ave Apt 705 Ocala, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDANIEL, SOMPHAT 16530 KERRY HILLS LANE SPRING HILL, FL 34610 <input checked="" 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	300042520183 11/05/04--01034--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
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 another like empowered.			
SIGNATURE: <u>WKRIT KHONGKHAKUL</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRES)		11/04/04 (352) 237-4949 Date Daytime Phone #	