

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-01-2004 90028 037 ***150.00

DOCUMENT # P03000038171

1. Entity Name
LEMONGRASS RESTAURANT, INC.



Principal Place of Business
**13056 CHET'S CREEK DRIVE NORTH
JACKSONVILLE, FL 32224**

Mailing Address
**13056 CHET'S CREEK DRIVE NORTH
JACKSONVILLE, FL 32224**

66406555



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

05-1181867

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THEPSOUVANH, VORADET
13056 CHET'S CREEK DRIVE NORTH
JACKSONVILLE, FL 32224**

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 state 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** ☐ Delete
NAME **THEPSOUVANH, VORADET**
STREET ADDRESS **12748 GLADE SPRINGS DRIVE SOUTH**
CITY-STATE-ZIP **JACKSONVILLE, FL 32246**

TITLE **VD** ☐ Delete
NAME **THOMPSON, PHET T**
STREET ADDRESS **13056 CHET'S CREEK DRIVE NORTH**
CITY-STATE-ZIP **JACKSONVILLE, FL 32224**

TITLE **SD** ☐ Delete
NAME **THEPSOUVANH, VIENGKHONG**
STREET ADDRESS **945 HYANNIS PORT DRIVE**
CITY-STATE-ZIP **JACKSONVILLE, FL 32224**

TITLE **TD** ☐ Delete
NAME **RITYAVONG, VILAY**
STREET ADDRESS **12748 GLADE SPRING DRIVE SOUTH**
CITY-STATE-ZIP **JACKSONVILLE, FL 32246**

TITLE **D** ☐ Delete
NAME **LOVAN, VILAYVANH**
STREET ADDRESS **13285 EGRETS MARSH DRIVE**
CITY-STATE-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Phet T. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04

904-821-1307

DATE

Daytime Phone #