

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

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**



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1181867

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 THEPSOUVANH, VORADET
STREET ADDRESS 12748 GLADE SPRINGS DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE VD
NAME THOMPSON, PHET T
STREET ADDRESS 13056 CHETS' CREEK DRIVE NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE TD
NAME RITYAVONG, VILAY
STREET ADDRESS 12748 GLADE SPRING DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE D
NAME LOVAN, VILAYVANH
STREET ADDRESS 13285 EGRETS MARSH DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000948363
06/02/08-80053-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Phet T. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08

Date

904-514-3442

Daytime Phone #