

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90043 048 \*\*\*150.00

**DOCUMENT # P03000047128**

1. Entity Name

KOONSEIN VENTURES, INC.



Principal Place of Business

30353 US HWY 19 N  
CLEARWATER FL 33761

Mailing Address

30353 US HWY 19 N  
CLEARWATER FL 33761

2. Principal Place of Business

36440 U.S. Hwy 19N

Suite, Apt. #, etc.

Suite A

3. Mailing Address

PO Box 1237

Suite, Apt. #, etc.

City & State

Palm Harbor FLA

Zip

34684

Country

USA

City & State

Palm Harbor

Zip

FLA 34682

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

41-2108917

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEIN KOON, EUNICE  
10 SUMMERWIND LN  
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Gottlieb & Gottlieb PA

Street Address (P.O. Box Number is Not Acceptable)  
2475 ENTERPRISE Rd.

City

CLEARWATER

FL

Zip Code

33763

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/4

DATE

**FILE NOW!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KOON, STEOHN L  
STREET ADDRESS 10 SUMMERWIND LN  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE D ☐ Delete  
NAME KOON, EUNICE SEIN  
STREET ADDRESS 10 SUMMERWIND LN  
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DPT ☒ Change ☐ Addition  
NAME KOON STEPHEN L.  
STREET ADDRESS 235 SKI MOUNTAIN Rd.  
CITY-ST-ZIP GATLINBURG, TN. 37738

TITLE D KOON, EUNICE SEIN ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 235 SKI MOUNTAIN Rd.  
CITY-ST-ZIP GATLINBURG, TN. 37738

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

865-607-8011

Date

Daytime Phone #