

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90186 038 ***150.00

DOCUMENT # P03000049127

1. Entity Name
DDC SERVICES, INC.



Principal Place of Business
5988 BENT PINE DRIVE APT 283
ORLANDO, FL 32822

Mailing Address
5988 BENT PINE DRIVE APT 283
ORLANDO, FL 32822

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4708 Fort Bravo Ct.

Suite, Apt. #, etc.

4708 Fort Bravo Ct.

04282004

Chg-P

CR2E034 (10/03)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

11-3688553

Applied For

Not Applicable

Zip

32822

Country

USA

Zip

32822

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUNG, WOO CHUL
5988 BENT PINE DRIVE APT 283
ORLANDO, FL 32822

Name

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

4708 Fort Bravo Ct.

City

Orlando

FL

Zip Code

32822

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

X Jung Woo Chul

President

4/28/04

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

(NOTE: Registered Agent signature required when resigning)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME JUNG, WOO CHUL
STREET ADDRESS 5988 BENT PINE DRIVE APT 283
CITY-ST-ZIP ORLANDO, FL 32822

TITLE ☒ Change ☐ Addition
NAME 4708 Fort Bravo Ct.
STREET ADDRESS Orlando, FL
CITY-ST-ZIP 32822

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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)(f), 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:

X Jung Woo Chul President

4/28/04

Date

Daytime Phone #

321-436-2264