

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

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

05-17-2004 90011 047 ***150.00

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05052004 Chg-P CR2E034 (10/03)

4. FEI Number **51 0471 709** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NITAYANGKUL PANSRI
15507 NORTH HIMES AVENUE
TAMPA, FL 33618

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

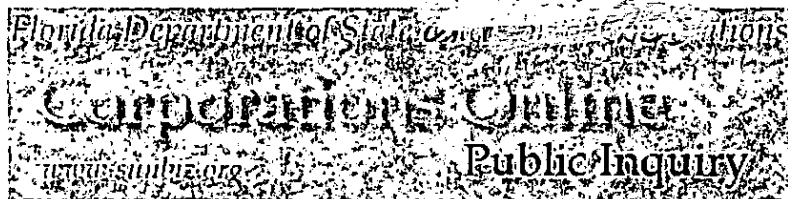
TITLE	D	☐ Delete
NAME	NITAYANGKUL, PANSRI	
STREET ADDRESS	15507 NORTH HIMES AVENUE	
CITY-STATE-ZIP	TAMPA, FL 33618	
TITLE	D	☐ Delete
NAME	NITAYANGKUL, NIYOM	
STREET ADDRESS	15507 NORTH HIMES AVENUE	
CITY-STATE-ZIP	TAMPA, FL 33618	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
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 19.07(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 **Niyom Nitayangkul (D)** 5/14/04 813 933.7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone



Florida Profit

N & P SUKHO, INC.

PRINCIPAL ADDRESS
15507 NORTH HIMES AVENUE
TAMPA FL 33618

MAILING ADDRESS
15507 NORTH HIMES AVENUE
TAMPA FL 33618

Document Number
P03000066105

FEI Number
NONE

Date Filed
06/12/2003

State
FL

Status
ACTIVE

Effective Date
06/09/2003

Registered Agent

Name & Address
NITAYANGKUL, PANSRI 15507 NORTH HIMES AVENUE TAMPA FL 33618

Officer/Director Detail

Name & Address	Title
NITAYANGKUL, PANSRI 15507 NORTH HIMES AVENUE TAMPA FL 33618	D
NITAYANGKUL, NIYOM 15507 NORTH HIMES AVENUE TAMPA FL 33618	D

Annual Reports

Report Year	Filed Date
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No Events

No Name History Information

Document Images

Listed below are the images available for this filing.

06/12/2003 -- Domestic Profit

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[Corporations Help](#)