2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Sep 08, 2005 8:00 am Secretary of State DOCUMENT # P03000088042 Entity Name 08-16-2005 90041 043 ***150.00 CHONGKWANJANG, INC. Principal Place of Business Mailing Address 4409 HOFFNER AVE SUITE 327 ORLANDO FL 32812 4409 HOFFNER AVE SUITE 327 ORLANDO FL 32812 ! (BIT TO EX FERO OUT FIN 21 H CET 22 H CET 24 T (FER TO 24 H CET 25 T LEFE 21 T LEFE 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number Not Applicable Ziρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONNOLLY, JOSEPH F II 4218 ARAJO COURT Street Address (P.O. Box Number is Not Acceptable) BELLE ISLE FL 32812 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 time if applicable (NOTE: Registered Agent signature reduced when re-instasing) DATE FILE NOW!!! FEE IS \$150.00 Form was not received 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 4ntil July 2005. Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE (Addition 🗌 Delete ORF JOSEPH F. CONNOLLY, I PARKE CONNOLLY, JOSEPH F III NAME 4218 ARAJO COURT STREET ADDRESS STREET ADDRESS BELLE ISLE FL 32812-2807 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE D ☐ Defeie TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7IP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-712 TITLE ☐ Change ☐ Addition HIRE Delete NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZP CHY-\$1-20P 111tr F THRE Delete Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-SI-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TLT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 507, 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.

JOSEPH F. CONNOLLY, I

NATURE AND TYPED OR PRINTEDNAME OF SIGNAMO OFFICER OR DIRECTOR

FILED

321-287-9590

ATTACHMENT

83000088042

Division	of	Corpora	rtions
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To whom it may concern:

I didn't receive the first

notice to file the annual report.

I am a small new corporation,

and it would be a hardship to pay

a late fee. Can you waive the

late fee so I don't have to

disolve.

Blaine Rugg's Tile + Marble Installaition, INC

Presidenti Blaine Rugg

Blam My



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 18, 2005

CHONGKWANJANG, INC. 4409 HOFFNER AVE SUITE 327 ORLANDO, FL 32812

Subject: CHONGKWANJANG, INC.

Reference Number:

P03000088042

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS ANNUAL REPORTS SECTION