

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90018 041 ***158.75

DOCUMENT # P03000089011					
1. Entity Name KEIDONG DECORATION & CLEANING, INC.					
Principal Place of Business 237 BEECHWOOD LANE PALM COAST, FL 32137			Mailing Address P.O. BOX 355060 PALM COAST, FL 32135		
2. Principal Place of Business - No P.O. Box # 42 BUTTOWORTH DR			3. Mailing Address Suite, Apt. #, etc.		
City & State PALM COAST FL			City & State PALM COAST FL		
Zip 32137			Country FLORIDA		
4. FEI Number 90-0122114			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KEIDONG, GRACE 237 BEECHWOOD LANE PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 42 BUTTOWORTH DR City PALM COAST FL Zip Code 32137		
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 changing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KEIDONG, GRACE 42 BUTTOWORTH DR PALM COAST, FL 32137	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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: _____ (Signature and typed or printed name of signing officer or director)			1-24-2007/386-9315617 Date: _____		

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