

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-04-2004 90013 022 \*\*\*550.00

**66432320**



MOORE CR2E034 (4/04)

<b>DOCUMENT # P03000096980</b>									
<b>1. Entity Name</b> JOHNNY-TEA-CHEN CORP.									
<b>Principal Place of Business</b> 1916 W COLONIAL DR ORLANDO FL 32804			<b>Mailing Address</b> 1916 W COLONIAL DR ORLANDO FL 32804						
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>						
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State						
Zip		Country		Zip					
Country		Country		<b>4. EEI Number</b> 81-0631040					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable					
<b>6. Name and Address of Current Registered Agent</b> -STONE, STEPHEN-M 725 N MAGNOLIA AVE ORLANDO FL 32803									
<b>7. Name and Address of New Registered Agent</b>									
Name									
Street Address (P.O. Box Number is Not Acceptable)									
City									
FL Zip Code									
<b>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.</b>									
SIGNATURE  DATE 08.02.04									
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)									
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 8, 2004</b> <b>Make Check Payable to Florida Department of State</b>			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>						
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>									
<b>10. OFFICERS AND DIRECTORS</b>									
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<b>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.</b>									
<b>SIGNATURE:</b> DATE 08.01.04 (407) 422-5290									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									