

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90212 034 \*\*\*150.00

**DOCUMENT # P03000120715**

1. Entity Name  
**JOY GARDEN, INCORPORATED**



Principal Place of Business  
**3715 EAST BUSCH BLVD  
TAMPA, FL 33162**

Mailing Address  
**3715 EAST BUSCH BLVD  
TAMPA, FL 33162**

**66421382**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172004

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-0338040**

Applied For

Not Applicable

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

**LIANG, BRIAN  
832 NORTH THORNTON AVENUE  
ORLANDO, FL 32803**

Name

**HO, CHI WA**

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

**3715 EAST BUSCH BLVD**

City

**Tampa**

FL

Zip Code

**33162**

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

**HO, CHI WA**

**4-16-04**

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

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
HO, CHI WA  
3715 EAST BUSCH BLVD  
TAMPA, FL 33162** ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
**TSD  
LEONG, YORK LAN  
3715 EAST BUSCH BLVD  
TAMPA, FL 33162** ☐ Delete

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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.

SIGNATURE:

**HO, CHI WA, Pres.**

**4-16-2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #