

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000153393	
1. Entity Name ANGKOR II CORPORATED	



Principal Place of Business 1650 SAN PABLO RD S SUITE 14 JACKSONVILLE, FL 32224	Mailing Address 1650 SAN PABLO RD S SUITE 14 JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)	
4. FEI Number 54-2135557	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KEO, VAN THY 7457-15 103RD ST JACKSONVILLE, FL 32210	
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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 reinstating)	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000935202 05/23/08-80062-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEO, VAN THY 7457-15 103RD ST JACKSONVILLE, FL 32210
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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.	
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SIGNATURE: <i>Van Thy Keo</i>	Van Thy Keo	4-28-08	(904) 403-5441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #