

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P04000005845

1. Entity Name
PANDA CHINA BUFFET OF OKALOOSA INC.



Principal Place of Business Mailing Address
309 MIRACLE STRIP 309 MIRACLE STRIP
FT WALTON BCH, FL 32548 FT WALTON BCH, FL 32548



02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0643723 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZHENG, SHUN Y
309 MIRACLE STRIP
FT WALTON BCH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable 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

000000850550
03/25/08-80002-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZHENG, SHUN Y
STREET ADDRESS	309 MIRACLE STRIP
CITY- ST- ZIP	FT WALTON BCH, FL 32548
TITLE	D
NAME	ZHENG, SHUN ZHU
STREET ADDRESS	309 MIRACLE STRIP
CITY- ST- ZIP	FT WALTON BCH, FL 32548
TITLE	D
NAME	DONG, SHU LIANG
STREET ADDRESS	309 MIRACLE STRIP
CITY- ST- ZIP	FT WALTON BCH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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 *(X) Shun Ying Zheng* ZHENG, SHUN Y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/08
Date

Daytime Phone #