

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000030084**

**1. Entity Name**  
**MORNING STAR OF CENTRAL FLORIDA INC**



**Principal Place of Business**  
**8720 SE HIGHWAY #200**  
**OCALA, FL 34476 US**

**Mailing Address**  
**13930 SW 34TH TERRACE ROAD**  
**OCALA, FL 34473 US**



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**32-0108110**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KIM, CHUL S**  
**13930 SW 34TH TERRACE ROAD**  
**OCALA, FL 34473**

**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**

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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P  
**NAME** KIM, CHUL S  
**STREET ADDRESS** 13930 SW 34TH TERRACE ROAD  
**CITY-ST-ZIP** Ocala, FL 34473

**TITLE** V  
**NAME** KIM, HEE S  
**STREET ADDRESS** 13930 SW 34TH TERRACE ROAD  
**CITY-ST-ZIP** Ocala, FL 34473

**TITLE** S  
**NAME** KIM, BUM S  
**STREET ADDRESS** 13930 SW 34TH TERRACE ROAD  
**CITY-ST-ZIP** Ocala, FL 34473

**TITLE**  
**NAME**  
**STREET ADDRESS**  
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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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05/06/06-80087-009 150.00

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHUL SOD KIM

4/23/06  
Date

7498  
(352)-622-4288  
Daytime Phone #