

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000038821**

**1. Entity Name**

**HON & LIN ENTERPRISES, INC.**



**Principal Place of Business**

**8900 CEDAR HOLLOW DR.  
FORT MYERS FL 33912  
US**

**Mailing Address**

**8900 CEDAR HOLLOW DR.  
FORT MYERS FL 33912  
US**



**2. Principal Place of Business - No P.O. Box #**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**4. FEI Number**

**20-0814785**

**Applied For**

**Not Applicable**

**Zip**

**Country**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional  
Fee Required**

**1st MOORE**

**CR2E034 (10/07)**

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

**7. Name and Address of New Registered Agent**

**SOUTHWEST PROFESSIONAL SERVICES OF S FL IN  
13571 MCGREGOR BLVD #22  
FORT MYERS FL 33919**

**Name**

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

**City**

**FL**

**Zip Code**

**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  
Make Check Payable to Florida Department of State**

**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** **P** ☐ Delete  
**NAME** **KWAN, MAN HON**  
**STREET ADDRESS** **8900 CEDAR HOLLOW DR**  
**CITY- ST- ZIP** **FORT MYERS FL 33912**

**TITLE** ☐ Change ☐ Addition  
**NAME** **U000000929658**  
**STREET ADDRESS** **05/21/08-80077-020 150.00**  
**CITY- ST- ZIP**

**TITLE** **VP** ☐ Delete  
**NAME** **KUO, WEN-MEI**  
**STREET ADDRESS** **8900 CEDAR HOLLOW DR**  
**CITY- ST- ZIP** **FORT MYERS FL 33919**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** **VP** ☐ Delete  
**NAME** **LIN, JIANG HAI**  
**STREET ADDRESS** **8900 CEDAR HOLLOW DR**  
**CITY- ST- ZIP** **FORT MYERS FL 33912**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** **VP** ☐ Delete  
**NAME** **LIN, JIN LAN**  
**STREET ADDRESS** **8900 CEDAR HOLLOW DR**  
**CITY- ST- ZIP** **FORT MYERS FL 33912**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Cap

Disc No Phone #

*Pres. 4/22/2008 237-218-7550*