

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90043 003 ***158.75

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1. Entity Name
SAIGON SUBS OF ORLANDO, INC.



Principal Place of Business
**1242 E COLONIAL DRIVE
ORLANDO, FL 32803**

Mailing Address
**1517 E HILLCREST STREET
ORLANDO, FL 32803**

50004448



2. Principal Place of Business
SAIGON SUBS OF ORLANDO
Suite, Apt. #, etc.
1242 E. Colonial Drive
City & State
Orlando FL
Zip
32803 Country
USA

3. Mailing Address
Same
Suite, Apt. #, etc.
Same
City & State
Orlando FL
Zip
32803 Country
USA

01132005 Chg-P CR2E034 (10/03)

4. FEI Number *20-186-0649* Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMALLEY & COMPANY, P.A.
1517 E HILLCREST STREET
ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name *Karl S. Niedhammer*
Street Address (P.O. Box Number is Not Acceptable)
5525 Westgate Drive
City *Orlando* FL Zip *32803*

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, 2005 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** ☐ Delete
NAME **NIEDHAMMER, KARL**
STREET ADDRESS **829 LOWELL BLVD B12**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **VP** ☐ Delete
NAME **NIEDHAMMER, NHUNG**
STREET ADDRESS **829 LOWELL BLVD B12**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **S** ☐ Delete
NAME **NGUYEN, LAI**
STREET ADDRESS **829 LOWELL BLVD B12**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: *Karl S. Niedhammer* *Karl S. Niedhammer* 1/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #