

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

04-19-2006 90081005 ***150.00
P05000002485

DOCUMENT # P05000002485

1. Entity Name
WANG'S ENTERPRISE OF AMELIA, INC.



MAY 12 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WSC

Principal Place of Business
2817 PARK SQUARE PLACE
FERNANDINA BEACH, FL 32034

Mailing Address
2817 PARK SQUARE PLACE
FERNANDINA BEACH, FL 32034

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



01192006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2391232

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WANG, CHEN HUANG
2817 PARK SQUARE PLACE
FERNANDINA BEACH, FL 32034

7. Name and Address of New Registered Agent

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

**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/D	<input type="checkbox"/> Delete
NAME	WANG, CHEN HUANG	
STREET ADDRESS	2817 PARK SQUARE PLACE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	WANG, HSIU CHENG	
STREET ADDRESS	2817 PARK SQUARE PLACE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	T/S	<input type="checkbox"/> Delete
NAME	WANG, HSIU CHENG	
STREET ADDRESS	2817 PARK SQUARE PLACE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/06 904-277-6580
Date Deletion Phone #