

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 8:00 am
Secretary of State

03-10-2008 90076 036 ***150.00

DOCUMENT # P05000023817

1. Entity Name

BAK-KWON, INC.



Principal Place of Business

1713 REGAL MIST LOOP
TRINITY FL 34655

Mailing Address

1713 REGAL MIST LOOP
TRINITY FL 34655

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

8341 Ridge Road

Suite, Apt. #, etc.

3. Mailing Address

1713 Regal Mist Loop

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Port Richey

Zip

34668

County

PASCO

City & State

Trinity FL

Zip

34655

Country

PASCO

4. FEI Number

20-2357029
AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAK, NAMHA
1713 REGAL MIST LOOP
TRINITY FL 34655

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

Signature, typed or printed name of registered agent and title. If applicable.

(NOTE: Registered Agent signature required when not applicable)

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

TITLE

D

☐ Delete

NAME

BAK, NAMHA

STREET ADDRESS

1713 REGAL MIST LOOP

CITY-ST-ZIP

TRINITY FL 34655

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

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CITY-ST-ZIP

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: Nam Ha BAK, Nam Ha BAK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08

727-376-1962

Date

Daytime Phone #

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/10/2008-90076-036-\$150.00-\$150.00

DOCUMENT # P05000023817 1. Entity Name BAK-KWON, INC.						<h2 style="margin: 0;">ATTACHMENT</h2> <p style="font-size: 24px; margin-top: 20px;">66006875</p>	
Principal Place of Business 1713 REGAL MIST LOOP TRINITY, FL 34655				Mailing Address 1713 REGAL MIST LOOP TRINITY, FL 34655			
2. Principal Place of Business - No P.O. Box # 8341 Ridge Road		3. Mailing Address 1713 Regal Mist Loop		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Richey		City & State Trinity FL		4. FEI Number APPLIED FOR 20-2357029		Applied For <input type="checkbox"/> Not Applicable	
Zip 34668		Country PASCO		Zip 34655		Country PASCO	
6. Name and Address of Current Registered Agent BAK, NAMHA 1713 REGAL MIST LOOP TRINITY, FL 34655				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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) _____ DATE _____							
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAK, NAMHA 1713 REGAL MIST LOOP TRINITY, FL 34655			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <u>Nam Ha BAK</u> (Nam Ha BAK)				Date: <u>1/19/08</u>		Daytime Phone #: <u>727-316-1962</u>	

ATTACHMENT

Issued EIN

66006875

Page 1 of 1

P05000023817



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-2357029

Today's Date is: February 18, 2005 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Print and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.