


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P06000002267	
1. Entity Name KING BUFFET OF PALATKA INC.	

Principal Place of Business 321 HWY. 19 NORTH PALATKA, FL 32177	Mailing Address 321 HWY. 19 NORTH PALATKA, FL 32177
---	---

DO NOT WRITE IN THIS SPACE



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4148231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LI, JIN
321 HWY. 19 NORTH
PALATKA, FL 32177**

**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 _____ (NOTE: Registered Agent signature required when reinstating)

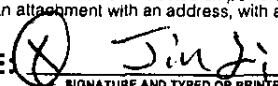
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.	\$5.00 May Be Added to Fees	UN00000865285 04/07/08-80022-017 150.00
---	---	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE PD	DO NOT WRITE IN THIS SPACE
NAME LI, JIN	
STREET ADDRESS 321 HWY. 19 NORTH	
CITY-ST-ZIP PALATKA, FL 32177	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE 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:  **JIN LI** **2/28/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #