


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000065308**

1. Entity Name  
 HO AN CORP.



Principal Place of Business      Mailing Address

10704 US 19                              9804 COMPASS PT WAY  
 PORT RICHEY, FL 34668              TAMPA, FL 33615

**DO NOT WRITE IN THIS SPACE**



04182005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-3207584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALTENHOFF, NORMAN R  
 1320 PLEASANT WAY SOUTH  
 SAINT PETERSBURG, FL 33705

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	D
NAME	QUACH, BANG
STREET ADDRESS	10704 US 19
CITY - ST - ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	QUACH, LAN
STREET ADDRESS	10704 US 19
CITY - ST - ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	QUACH, HUNG
STREET ADDRESS	10704 US 19
CITY - ST - ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	QUACH, TRAN
STREET ADDRESS	10704 US 19
CITY - ST - ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE IN THIS SPACE**

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:** Treasurer      4-18-05      813-885-3434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #