

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

May 03, 2004 08:00 AM  
Secretary of State

DOCUMENT # P95000056267

1. Entity Name  
BIG EASY CAJUN - WHITE PLAINS, INC.



Principal Place of Business  
9446 PHILLIPS HWY.  
SUITE 8  
JACKSONVILLE, FL 32256

Mailing Address  
9446 PHILLIPS HWY.  
SUITE 8  
JACKSONVILLE, FL 32256



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3325547

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YEN, KUNG P  
9446 PHILIPS HWY #8  
JACKSONVILLE, FL 32256

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
YEN, KUNG-PO  
9446 PHILIPS HWY #8  
JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTO  
TI, VENKUNG  
9446 PHILIPS HWY #8  
JACKSONVILLE, FL 32256

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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05/04/04-80079-015: 150.00

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:

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

KUNG PO YEN

4/30/04 904-260-5571