

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000078553

1. Entity Name
CHOW'S ENTERPRISE, INC.



Principal Place of Business
3260 N. HWY. 17/92, SUITE 100
LONGWOOD, FL 32750

Mailing Address
3260 N. HWY. 17/92, SUITE 100
LONGWOOD, FL 32750



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3336476	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

CHOW, JEANIE Y
3260 N. HWY. 17/92, SUITE 100
LONGWOOD, FL 32750

**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 reappointing)

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

U000000131981
04/27/04-80027-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHOW, JEANIE Y
STREET ADDRESS	8397 RAMBLING RIVER DR.
CITY-STATE-ZIP	SANFORD, FL 32771

TITLE	D
NAME	CHOW, PENGUIN C
STREET ADDRESS	8397 RAMBLING RIVER DR.
CITY-STATE-ZIP	SANFORD, FL 32771

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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)(f), 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

PENGUIN CHOW

April 15, 04

Date

(407) 321-6577

Daytime Phone #