


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000078553 1. Entity Name CHOW'S ENTERPRISE, INC.	
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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
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01042006 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D CHOW, JEANIE Y 8397 RAMBLING RIVER DR. SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOW, PENGUIN C 8397 RAMBLING RIVER DR. SANFORD, FL 32771
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05/10/06-80052-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date April 25. 06 Daytime Phone # _____