

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT^{1) CORRECT FEI}
2) delete officer

DOCUMENT # P96000069256



FILED

08 APR 11 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
THAILAND, INC.

Principal Place of Business
2238 GULF GATE DRIVE
SARASOTA, FL 34231

Mailing Address
P O BOX 581
TALLEVAST, FL 34270 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0687703

(65- >)

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYSOUVANH, VANNA
841 OAK BRIAR LANE
OSPREY, FL 34229

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SYSOUVANH, VANNA
841 OAK BRIAR LANE
OSPREY, FL 34229 ☐ Delete

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VANNA SYSOUVANH, PRES. 4-5-2008

Date

Daytime Phone #