

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90075 043 ***150.00

DOCUMENT # P96000074298 1. Entity Name KIM'S WATER FALL-CREATIONS & GARDEN CENTER, INC.	
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Principal Place of Business 5608 US HWY 41 RUSKIN, FL 33570	Mailing Address 5608 US HWY 41 N RUSKIN, FL 33570
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02172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3405187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIM, LEE TE 5608 US HWY 41 N RUSKIN, FL 33570
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY - ST - ZIP	D KIM, LEE T 5608 US HWY 41 RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIM, DO HYUN 5608 US HWY 41 RUSKIN, FL 33570
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/05