2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED May 02, 2006 08:00 AN Secretary of State

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1. Entity Name

ANGKOR, CORPORATION



Principal Place of Business

Mailing Address

7457 103 STREET **STE 15**

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STE 15

JACKSONVILLE, FL 32210

JACKSONVILLE, FL 32210.



04292006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3434756 Applied For Not Applicable

5. Certificate of Status Desired

St. 5.18

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEO, VAN T 7457 103 STREET **STE 15** JACKSONVILLE EL 32210

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0,10,1001	VILLE, I L VALIV				
	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE, Registered	Agent sîgnature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗌	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P KEO, VAN THY 7457 103 STREET, STE. 15 JACKSONVILLE, FL 32210	:			U00000558565
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S LANG, CHHEUM 7457 103 STREET, STE. 15 JACKSONVILLE, FL 32210			.	05/17/06-80098-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE	1		i		

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:

NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VAN THY KEO

04/29/2006

(904) 777-3258

Date

Daytime Phone #