


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90013 046 \*\*\*100.00  
02-25-2004 90023 015 \*\*\*\*50.00

<b>DOCUMENT # P97000015756</b>	
1. Entity Name <b>WANG LAUNDRY, INC.</b>	

Principal Place of Business <b>5111-11 BAYMEADOWS ROAD JACKSONVILLE, FL 32217</b>	Mailing Address <b>5111-11 BAYMEADOWS ROAD JACKSONVILLE, FL 32217</b>
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01152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3427682</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WANG, LIN-YU 5308 DOWNINGTON DRIVE JACKSONVILLE, FL 32257</b>
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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 renewing.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WANG, LIN-YU 5308 DOWNINGTON DRIVE JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WANG, FU-MING 5308 DOWNINGTON DRIVE JACKSONVILLE, FL 32257
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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 807, 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]* **02-10-04** **PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #