

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # P97000022673

1. Entity Name
OVEA, INC.



Principal Place of Business
7949 MEADOW RUSH LOOP
SARASOTA, FL 34238

Mailing Address
7949 MEADOW RUSH LOOP
SARASOTA, FL 34238



03152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0736910

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIENGKRAIPETCH, ORASA
7949 MEADOW RUSH LOOP
SARASOTA, FL 34238

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KRIENGKRAIPETCH, ORASA
STREET ADDRESS	7949 MEADOW RUSH LOOP
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	VDC
NAME	KRIENGKRAIPETCH, VUTHICHAI
STREET ADDRESS	7949 MEADOW RUSH LOOP
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	M
NAME	KRIENGKRAIPETCH, EKAWEE
STREET ADDRESS	7949 MEADOW RUSH LOOP
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	S
NAME	KRIENGKRAIPETCH, AWIKA
STREET ADDRESS	7949 MEADOW RUSH LOOP
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/08-80024-005 150.00

**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

Daytime Phone #

(VUTHICHAI KRIENGKRAIPETCH) 3/29/08 316-1125 (9x1)