


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-15-2004 90085 039 ***150.00

DOCUMENT # P97000072542	
1. Entity Name FU HOA, INC.	

Principal Place of Business 3554 FRUITVILLE ROAD SARASOTA, FL 33580	Mailing Address 3554 FRUITVILLE ROAD SARASOTA, FL 33580
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66408371



03062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0775844	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 HONG ZHONG, LU 3554 FRUITVILLE ROAD SARASOTA, FL 33580

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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, 2004 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 LU, HONG ZHONG 3554 FRUITVILLE ROAD SARASOTA, FL 33580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LU, HONG HUA 3554 FRUITVILLE ROAD SARASOTA, FL 33580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LU, TONG Z 3554 FRUITVILLE ROAD SARASOTA, FL 33580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: X Hong Zhong Lu March / 25th / 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day(s) Phone #