

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90004 023 ***150.00

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1. Entity Name
TRIPLE LUCK, INC.



Principal Place of Business
6001-32 & 33 ARGGLE FOREST BLVD
JACKSONVILLE, FL 32244

Mailing Address
539 N MILLS AVE
ORLANDO, FL 32803

14000704



01022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3508391

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUANG, JIAN S
1401 S PALMETTO AVE #207
DAYTONA BEACH, FL 32114

**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 X Q. R. Huang
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1-6-04

**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
HUANG, JIAN S
1401 S PALMETTO AVE #207
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HUANG, QI H
10924 WHITLY CT
JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
HUANG, QI W
2190 MINDAND DR
JACKSONVILLE, FL 32246

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 Q. R. Huang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #