

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000043101

1. Entity Name
MANDARIN CLEANERS CORPORATION



Principal Place of Business
**3021 LORETTO RD
JACKSONVILLE, FL 32223**

Mailing Address
**2955 HARTLEY RD
204
JACKSONVILLE, FL 32257**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-3578562 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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

6. Name and Address of Current Registered Agent

**LEE, KYUNG S
3336 CORMORANT COVE DRIVE
JACKSONVILLE, FL 32223-3739**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | DP |
| NAME | LEE, KYUNG S |
| STREET ADDRESS | 3336 CORMORANT COVE DR |
| CITY - ST - ZIP | JACKSONVILLE, FL 322233739 |

| | |
|-----------------|------------------------|
| TITLE | DST |
| NAME | SHON, YOUNG J |
| STREET ADDRESS | 1056 DURBIN PARKE DR |
| CITY - ST - ZIP | JACKSONVILLE, FL 32259 |

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| NAME | |
| STREET ADDRESS | |
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/05 (904) 288-9995