

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000010418

1. Entity Name

KA & DON, INC.



**FILED
Feb 06, 2004 8:00 am
Secretary of State**

02-06-2004 90005 041 ***150.00



MOORE CR2E034 (11/03)
59-3566032

Principal Place of Business	Mailing Address		
2 INDEPENDENT DR., #211 JACKSONVILLE FL 32202	1726 FIDDLER RIDGE DR ORANGE PARK FL 32003		

2. Principal Place of Business	3. Mailing Address		
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Suite, Apt. #, etc.	Suite, Apt. #, etc.		
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City & State	City & State		
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Zip	Country	Zip	Country
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4. FEI Number	55-8967428	Applied For
59-3566032		Not Applicable

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

6. Name and Address of Current Registered Agent			
RUANGSORN, UDORN 1726 FIDDLERS RIDGE DRIVE ORANGE PARK FL 32003			

7. Name and Address of New Registered Agent			
Name LIN BI LIN			
Street Address (P.O. Box Number is Not Acceptable) 1726 FIDDLERS RIDGE DR			
City ORANGE PARK FL Zip Code 32003			

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 *Lin Bi Ling* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2-1-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	
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9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P	NAME RUANGSORN, UDORN	<input checked="" type="checkbox"/> Delete	TITLE P	NAME LIN BI LIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS 1726 FIDDLERS RIDGE DR		NAME	STREET ADDRESS 1726 FIDDLERS RIDGE DR	
STREET ADDRESS	ORANGE PARK FL 32003		STREET ADDRESS	ORANGE PARK FL 32003	
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE VP	NAME RUANGSORN, KA LEE	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME WANG MEI DING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STREET ADDRESS 1726 FIDDLERS RIDGE DRIVE		NAME	STREET ADDRESS 1726 FIDDLERS RIDGE DR	
STREET ADDRESS	ORANGE PARK FL 32003		STREET ADDRESS	ORANGE PARK, FL 32003	
CITY-ST-ZIP			CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Lin Bi Ling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-04-904-505-9488
Date Daytime Phone #