


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000042747 1. Entity Name PATTAYA THAI EXPRESS, INC.	
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Principal Place of Business 2 WEST INDEPENDENT DR., STE 215 JACKSONVILLE, FL 32202	Mailing Address P.O. 16952 JACKSONVILLE, FL 32245-6952
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04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3252854	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

BONITZ, KASORN
2 INDEPENDENT DR., STE 215
JACKSONVILLE, FL 32202

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000113280
04/15/04-80003-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	BONITZ, KASORN
STREET ADDRESS	PO BOX 16952
CITY - ST - ZIP	JACKSONVILLE, FL 322456952

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(f), 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 #

4/14/04 (904) 7354-1998