

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000072296

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** AMORNMARN & SUTHA ENTERPRISES, CORP.

**Current Principal Place of Business:**

9770 OLD BAYMEADOWS RD., STE. 129  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

8214 CHESTER LAKE ROAD NORTH  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9770 OLD BAYMEADOWS RD., STE. 129  
JACKSONVILLE, FL 32256

**New Mailing Address:**

8214 CHESTER LAKE ROAD NORTH  
JACKSONVILLE, FL 32256

FEI Number: 59-3675017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTERS, MICHAEL A  
50 N. LAURA ST., STE. 2200  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AMORNMARN, RUMPA  
Address: 9770 OLD BAYMEADOWS RD., STE. 129  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: AMORNMARN, RUMPA  
Address: 8214 CHESTER LAKE ROAD NORTH  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUMPA AMORNMARN

D

04/22/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date