


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000088099 1. Entity Name BING GWONG PLASTERING, INC.	
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Principal Place of Business 845 42ND AVE NE SAINT PETERSBURG, FL 33703	Mailing Address 5401 CENTRAL AVENUE SAINT PETERSBURG, FL 33710
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCATEE, CAROL 5401 CENTRAL AVENUE SAINT PETERSBURG, FL 33710



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3602195	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000084404 03/11/04-80005-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GWONG, RICHARD B 845 42ND AVE NE SAINT PETERSBURG, FL 33703
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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)(c), 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: Richard Bing Gwong **3-9-04** (727) 638-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #