

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # S09083

1. Entity Name
FLORIDA INDOOR GARDENS, INC.



Principal Place of Business

**16925 SW 232 ST
GOULDS, FL 33170**

Mailing Address

**16925 SW 232 ST
GOULDS, FL 33170**



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0237272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHUNG, VIRGINIA E.
16925 SW 232 ST
GOULDS, FL 33170**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
CHUNG, VIRGINIA E.
15541 S.W. 156TH AVE.
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
CHUNG, WAYNE C.
15950 SW 252 ST
GOULDS, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
CHUNG, PATRICIA E
15950 SW 252 ST
GOULDS, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DS
SMITH, JASON P
15950 SW 252 ST
GOULDS, FL 33031**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

UD00000766865
07/05/07-80001-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.

SIGNATURE: *Virginia Chung*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *7/3/07*

Daytime Phone # _____