

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90008 002 ***150.00

DOCUMENT # S09231

1. Entity Name
SAWASDEE FORT MYERS, INC.



Principal Place of Business
7091-15 COLLEGE PARKWAY
FORT MYERS, FL 33907

Mailing Address
7091-15 COLLEGE PARKWAY
FORT MYERS, FL 33907

40047699



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0222807

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUCHAKOM, AMNUAY
7091-15 COLLEGE PARKWAY
FORT MYERS, FL 33907

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RUCHAKOM, AMNUAY
7091-15 COLLEGE PARKWAY
FORT MYERS, FL

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 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 like empowered.

SIGNATURE: DON RUCHAKOM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don Ruchakom

3/12/08-239-275-0999
Date Daytime Phone #