

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90049 013 \*\*\*150.00

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| <b>DOCUMENT # S68379</b>                               |  |
| 1. Entity Name<br>PEKING GARDEN OF CRYSTAL RIVER, INC. |  |



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|---|--|
| Principal Place of Business<br>2035 SE HWY 19<br>CRYSTAL RIVER, FL 34429 US | Mailing Address<br>2035 SE HWY 19<br>CRYSTAL RIVER, FL 34429 |
|---|--|

40023414



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| 2. Principal Place of Business - No P.O. Box #<br><b>2380 NW US HWY 19</b> | 3. Mailing Address<br><b>2380 NW US HWY 19</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

02212007 Chg-P CR2E034 (12/06)

|   |   |
|---|---|
| City & State<br><b>CRYSTAL RIVER FL</b> | City & State<br><b>CRYSTAL RIVER FL</b> |
| Zip<br><b>34429</b>                     | Zip<br><b>34429</b>                     |
| Country                                 | Country                                 |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3077972</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>CHEN, GRACE<br>2035 SE HWY 19<br>CRYSTAL RIVER, FL 34429 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2380 NW US HWY 19</b><br>City <b>CRYSTAL RIVER</b> <b>FL</b> Zip Code <b>34429</b> |
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| 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:<br><br>SIGNATURE <u><i>Grace Chen</i></u> <b>2-22-07</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |  |
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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>CHEN, DAVID<br>2035 SE HWY 19<br>CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5910 W LEITH ST</b><br><b>CRYSTAL RIVER, FL 34429</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CHEN, GRACE<br>2035 SE HWY 19<br>CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5910 W LEITH ST</b><br><b>CRYSTAL RIVER, FL 34429</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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| 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: <u><i>Grace Chen</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  | <b>2-22-07</b><br>Date Daytime Phone # |