

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90073 039 ***150.00

DOCUMENT # K69199
 1. Entity Name
INDUS INVESTMENTS, INC.



Principal Place of Business Mailing Address
 % KAMLESH PATEL
 4486 N. SUNCOAST BLVD.
 CRYSTAL RIVER FL 34429
 US

2. Principal Place of Business 3. Mailing Address
MAYUR N PATEL
 Suite, Apt. #, etc.
4486 N. SUNCOAST BLVD

City & State City & State
CRYSTAL RIVER, FL

Zip Country Zip Country
34429 **CR** **34429** **US**

4. FEI Number Applied For
33-6645287 Not Applicable

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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
PATEL, KAMLESH
3921 N SEMINOLE PT
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent
 Name **PATEL MAYUR**
 Street Address (P.O. Box Number is Not Acceptable)
1020 SE 3rd AVE
 City **CRYSTAL RIVER** **FL** Zip Code
34429

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 Mayer N Patel DATE 01/27/05
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, 2005, Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DESAI, PARESH	
STREET ADDRESS	3475 S SUNCOAST BLVD	
CITY-ST-ZIP	HOMOSSASSA SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTU, PRASAD	
STREET ADDRESS	700 SE 5TH TER	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUKLA, MANOJ	
STREET ADDRESS	9030 W FOR ISLAND TRAIL	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	IYER, HARI	
STREET ADDRESS	3475 S SUNCOAST BLVD	
CITY-ST-ZIP	HOMOSSASSA SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, KAMLESH	
STREET ADDRESS	P.O. BOX 3087, N/A	
CITY-ST-ZIP	HOMOSSASSA SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYUR, PATEL	
STREET ADDRESS	2380 N.W. HWAY 19	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mayer N Patel MAYUR N PATEL DATE 01/27/05 DAYTIME PHONE # 352-295-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #