


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004805
1. Entity Name
SRIGANDHA KANNADA KOOTA OF FLORIDA, INC.



Principal Place of Business Mailing Address
12134 COBBLESTONE DR. 12134 COBBLESTONE DR.
HUDSON, FL 34667 HUDSON, FL 34667



01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3527606 Not Applicable

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

6. Name and Address of Current Registered Agent

RAMAPPA, RENUKA
12134 COBBLESTONE DR.
HUDSON, FL 34667

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

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	S BEN, NAGENEJ 4917 KENSINGTON CIR CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JSD SASTRY, HIMAMSHY 2887 WILD GINGOS COURT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BABU, KESHAVA 1921 COCO MEADOWS CIR #307 BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DHARMAPPA, RAGINI 5137 NW 109TH TERR CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SRINIVASAN, SANDHYE 2140 FLETCHEER POINT CIRCLE TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000012772
01/26/04-80024-008 70.00

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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)(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 617, 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: *Kag...* **1/21/04** **984-752-4494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #