


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000026635**  
 1. Entity Name  
**OAKWIN LODGING, INC.**



Principal Place of Business      Mailing Address  
 6819 US HWY 129 N      6819 US HWY 129 N  
 LIVE OAK, FL 32060      LIVE OAK, FL 32060

**DO NOT WRITE IN THIS SPACE**



04162004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3506611      Not Applicable

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

6. Name and Address of Current Registered Agent  
 PATEL, MINESH  
 4680 US 90 WEST  
 LAKE CITY, FL 32024

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

00000122602  
 04/21/04-80034-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, MINESH 4680 US 90 WEST LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, NISHI 4680 US 90 WEST LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, SHEENAL 4680 US 90 WEST LAKE CITY, FL 32024
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Minesh Patel**      4/17/04      (386) 755-1369  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #