


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000000113	
1. Entity Name SHLOK, INC.	

Principal Place of Business 1531 MONUMENT RD. SUITE 21 JACKSONVILLE, FL 32225	Mailing Address 4141 PHILIPS HIGHWAY JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3549458	Applied For 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	
PATEL, DINESH 4141 PHILIPS HWY JACKSONVILLE, FL 32207	

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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.

SIGNATURE Dinesh T. Patel DATE 3-3-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000078058
 03/08/04-80012-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, DINESH 4141 PHILLIPS HWY JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, VIJAY 4141 PHILLIPS HWY JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOTIWALA, BHADRESH 8019 SABLE CREEK DR E JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 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>Dinesh T. Patel</u> <u>DINESH T. PATEL</u>	Date <u>3-3-04</u>	Daytime Phone # <u>737-9200</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		