

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000007999

1. Entity Name  
PATIDAR FOOD & FUEL INC



Principal Place of Business  
9800 NW GAINESVILLE RD  
PORT SAINT LUCIE, FL 34952 US

Mailing Address  
8016 S.W. 62 CT.  
OCALA, FL 34476 US

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**



01282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1575276

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PATIDAR, BELA S  
8016 S.W. 62 CT.  
OCALA, FL 34476

**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

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**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PATIDAR, BELA S
STREET ADDRESS	8016 S.W. 62 CT.
CITY - ST - ZIP	OCALA, FL 34476
TITLE	VP
NAME	PATIDAR, RASHMIBEN S
STREET ADDRESS	8016 S.W. 62 CT
CITY - ST - ZIP	OCALA, FL 34476

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

000000205907  
01/31/05-80065-006 150.00

**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:**

*Bela S. Patidar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/05

Date

352-437-8763

Daytime Phone #