

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90068 043 ***150.00

DOCUMENT # P04000158944

1. Entity Name
SOUTH-WIND GAS & FOOD INC



Principal Place of Business
**571 E ROSEWOOD LANE
TAVARES, FL 32778**

Mailing Address
**571 E ROSEWOOD LANE
TAVARES, FL 32778**

2. Principal Place of Business - No P.O. Box #
841 S US HIGHWAY 441

3. Mailing Address
841 S US HIGHWAY 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292007 Chg-P CR2E034 (12/06)

City & State
LADY LAKE FL

City & State
LADY LAKE FL

4. FEI Number
20-1913122

Applied For
Not Applicable

Zip
32159

Country
USA

Zip
32159

Country
USA

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

6. Name and Address of Current Registered Agent

**KHIRBAT, SHASHI B
571 E ROSEWOOD LANE
TAVARES, FL 32778**

7. Name and Address of New Registered Agent

Name **JITENDER WADHWA**

Street Address (P.O. Box Number is Not Acceptable)
5015 TREASURE CAY RD

City **TAVARES**

FL

Zip Code
32778

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 **JITENDER WADHWA**

3/29/2007

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, 2007 Fee will be \$550.00**

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	P KHIRBAT, SHASHI B 571 E ROSEWOOD LANE TAVARES, FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KHIRBAT, BHARAT B 571 E ROSEWOOD LANE TAVARES, FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SACHDEVA, JAYSHREE 517 E ROSEWOOD LANE TAVARES, FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADHWA, JITENDER 5015 TREASURE CAY RD TAVARES, FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WADHWA, RAM K 5015 TREASURE CAY RD TAVARES, FL 32778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **JITENDER WADHWA** **3/30/07** **352 455-9546**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #