

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000047565

**Entity Name:** SHAKTI LIFE KITCHEN INCORPORATED

**Current Principal Place of Business:**

5500 BEACH BOULEVARD  
2  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

PO BOX 331874  
ATLANTIC BEACH, FL 32233 US

**FEI Number: 26-2592156**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOOLEY, CARRIE ZMRS.  
459 INLAND WAY  
ATLANTIC BEACH, FL 32233 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DOOLEY, DAVID M  
Address 459 INLAND WAY  
City-State-Zip: ATLANTIC BEACH FL 32233

Title SECRETARY  
Name DOOLEY, CARRIE Z  
Address 459 INLAND WAY  
City-State-Zip: ATLANTIC BEACH FL 32233

Title VP  
Name MALONE, MARY M  
Address 5923 SAXONY WOODS LANE  
City-State-Zip: JACKSONVILLE FL 32211

Title TREASURER  
Name METHVIN, TERESA  
Address 208 DRIFTWOOD  
City-State-Zip: NEPTUNE BEACH FL 32266

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CARRIE ZARKA DOOLEY**

**SECRETARY**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date