## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 612643** 

Entity Name: SIESTA MOTOR INN, INC.

FILED Mar 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3155 PHILLIPS HWY., JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

7803 ROYAL CREST DR. JACKSONVILLE, FL 32256

FEI Number: 59-1946746 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PATEL, CHAMPAK

3558 PHILLIPS HWY.

JACKSONVILLE, FL 32207 US

PATEL, CHAMPAKLAL D PD
7803 ROYAL CREST DR.
JACKSONVILLE, FL 32256 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: CPANDKPPATEL@YAHOO.COM 03/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

JACKSONVILLE, FL 32207

## **OFFICERS AND DIRECTORS:**

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition PATEL, CHAMPAK D PATEL, CHAMPAKLAL D PD Name: Name: 7803 ROYAL CREST DR. 7803 ROYAL CREST DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 PATEL, KANTA C
 Name:
 PATEL, KANTA C STD

 Address:
 7803 ROYAL CREST DR.
 Address:
 7803 ROYAL CREST DR.

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 PATEL, MAYURESH D
 Name:
 PATEL, MAYURESH D VD

 Address:
 4020 N. MAIN ST.
 Address:
 4020 N. MAIN ST.

City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32206

Title: VP (X) Delete Title: ( ) Change ( ) Addition Name: PATEL, VIJAY D Name: Address: 3155 PHILLIPS HWY Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHAMPAKLAL D PATEL PD 03/18/2009