

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # F07000003604

1. Entity Name

JAI SACHCHIDANAND SANGH, INC.



Principal Place of Business

3144 W. US HWY. 90
LAKE CITY, FL 32055

Mailing Address

3144 W. US HWY. 90
LAKE CITY, FL 32055



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1188208

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, PRAVIN J
3144 W. US HWY. 90
LAKE CITY, FL 32055

**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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, MAGANBHAI N
STREET ADDRESS	60 SHORERIDGE
CITY-ST-ZIP	NEW PORT COAST, CA 92657
TITLE	S
NAME	PATEL, PRAVIN J
STREET ADDRESS	3144 W. US HWY. 90
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	C
NAME	PATEL, VASANT U
STREET ADDRESS	205 SOUTH ILLINOIS AVE.
CITY-ST-ZIP	OAK RIDGE, TN 37830
TITLE	VDS
NAME	VAKIL, SHAILESH J
STREET ADDRESS	87 CONOVER RD.
CITY-ST-ZIP	W. WINDSOR, NJ 08550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/08-60003-013 70.00

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/23/08

386 752 9350