

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F84891**

1. Entity Name  
D.J. P. ASSOCIATES, INC.



Principal Place of Business  
BANYAN BEACH MOTEL  
1630 6TH ST, US 17, NW  
WINTER HAVEN, FL 33880

Mailing Address  
BANYAN BEACH MOTEL  
1630 6TH ST, US 17, NW  
WINTER HAVEN, FL 33880



07102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2195782

Applied For  
Not Applicable

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

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

PARMAR, ARVIND K  
1630 6TH ST, US 17, NW  
WINTER HAVEN, FL 33881

**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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME PARMAR, ARVIND K  
STREET ADDRESS 1630 6TH ST, US 17, NW  
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE S  
NAME PARMAR, ANITA A  
STREET ADDRESS 1630 6TH ST, US 17, NW  
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE VP  
NAME PARMAR, JITESH A  
STREET ADDRESS 1630 6TH ST US 17 NW  
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE D  
NAME PARMAR, KETAN A  
STREET ADDRESS 1630 6TH ST US 17 NW  
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000956502  
07/28/08-80006-008 150.00

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-08

Date

863-293-3658

Daytime Phone #