

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001664

1. Entity Name

BA ENTERPRISES OF EMERALD COAST, INC.



Principal Place of Business

% Y.M. BHATNAGAR
1805 RIDGE CT.
MOBILE, AL 36609

Mailing Address

% Y.M. BHATNAGAR
1805 RIDGE CT.
MOBILE, AL 36609



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number

63-1144188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BHATNAGAR, Y M
5000 HWY 98 E
DESTIN, FL 32541

**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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000121883
04/21/04-800006-023 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME BHATNAGAR, Y M
STREET ADDRESS 1805 RIDGE CT.
CITY-ST-ZIP MOBILE, AL 36609

TITLE VP
NAME MOHAN, DEVENDRA
STREET ADDRESS 5 CHASE CT
CITY-ST-ZIP SPRINGBORO, OH

TITLE S
NAME BHATNAGAR, S P
STREET ADDRESS 1805 RIDGE CT.
CITY-ST-ZIP MOBILE, AL 36609

TITLE T
NAME BHATNAGAR, S P
STREET ADDRESS 1805 RIDGE CT
CITY-ST-ZIP MOBILE, AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

DEVENDRA MOHAN DEVENDRA MOHAN

APR 19, 2004. 850.872-8554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #