

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # F96000005057 1. Entity Name SHIV INN, INC.	
--	---

Principal Place of Business 3545 NW 58TH ST OKLAHOMA CITY, OK 73112	Mailing Address 906 E BRANDON BLVD BRANDON, FL 33511 US
---	---

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1395198	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, VASANT B
906 E BRANDON BLVD
BRANDON, FL 33511

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

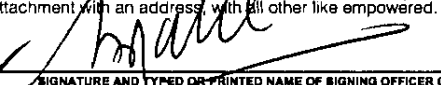
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP PATEL, CHAMPAK B 1008 MANOR HILL DR NORMAN, OK 73072
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV GOSSMAN, DEAN 920 STONEGATE WEATHERFORD, OK 73096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PATEL, VASANT B 906 E BRANDON BLVD BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  **1/29/08** **813-230-2168**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #