2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G75766

1. Entity Name
SARP, INC.

FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2535 STATE RD 16 ST AUGUSTINE, FL 32092	2535 STATE RD 16 ST AUGUSTINE, FL 32092

04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2362918
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, RAMU
2535 STATE ROAD 16
ST AUGUSTINE, FL 32092

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

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PATEL, RAMU S.
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	VS
NAME	PATEL, RAMILA R.
STREET ADDRESS	2535 STATE ROAD 16
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	DVP
NAME	PATEL, SWATI
STREET ADDRESS	2535 SR 16
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	DVP
NAME	PATEL, SNEHAL
STREET ADDRESS	2535 SR 16
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	D
NAME	PATEL, AMI
STREET ADDRESS	2535 SR 16
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80160-024 150.00

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cnehal R Patel SNEHAL R. PATEL 4/30/04 904.824.4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #