

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # G75766	
1. Entity Name SARP, INC.	

Principal Place of Business 2535 STATE RD 16 ST AUGUSTINE, FL 32092	Mailing Address 2535 STATE RD 16 ST AUGUSTINE, FL 32092
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03302006 No Chg-P CR2E034 (11/05)

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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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 <u><i>Ramu Patel</i></u> Signature, typed or printed name of registered agent or state if applicable	DATE 4-3-06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT PATEL, RAMU S. 2535 STATE ROAD 16 ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS PATEL, RAMILA R. 2535 STATE ROAD 16 ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP PATEL, SWATI 2535 SR 16 SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP PATEL, SNEHAL 2535 SR 16 SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PATEL, AMI 2535 SR 16 SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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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: <u><i>Snehal Patel</i></u> SNEHAL R. PATEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4-03-06 904.825.6745 DATE Company Phone #