

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90040 034 \*\*\*150.00

**DOCUMENT # H62419**

1. Entity Name  
G SNP CORPORATION



Principal Place of Business  
3314 SOUTH DALE MABRY  
TAMPA, FL 33629

Mailing Address  
3314 SOUTH DALE MABRY  
TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**

01242005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3307139

Applied For  
Not Applicable

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

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

PATEL, GHANSHYAM  
3314 SOUTH DALE MABRY  
TAPA, FL 33629

**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  
After May 1, 2005 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  
PST  
PATEL, GHANSHYAM L.  
3314 SOUTH DALE MABRY  
TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PATEL, NILESH G  
3314 S DALE MABRY  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PATEL, SUMITRA  
3314 S DALE MABRY  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL, PARUL  
3314 S DALE MABRY  
TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PATEL, JAGRUTI  
3314 S DALE MABRY  
TAMPA, FL 33629

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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05  
Date

813-490-1000  
Daytime Phone #