

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # J13364

1. Entity Name
NAROTAM, INC.



Principal Place of Business

**ECONOMY INN
23750 U S HWY 301 N
LAWTEY, FL 32058 US**

Mailing Address

**ECONOMY INN
23750 U S HWY 301 N
LAWTEY, FL 32059 US**



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2681883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, SUKANYA
ECONOMY INN
US HWY #301 NORTH
LAWTEY, FL 32058**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000884029
04/17/08-80027-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, SUKANYA M MRS.
STREET ADDRESS	23750 HWY 301 NORTH
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	V
NAME	PATEL, MAGAN J MR.
STREET ADDRESS	23750 HWY 301 NORTH
CITY-ST-ZIP	LAWTEY, FL 32058
TITLE	ST
NAME	PATEL, KIRTI M MS.
STREET ADDRESS	23750 HWY 301 NORTH
CITY-ST-ZIP	LAWTEY, FL 32058
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: *Magan Patel* **MAGAN PATEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-08

Date

904-782-3332

Daytime Phone #