

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # J24664

1. Entity Name
LEISURE MOTEL, INC.



Principal Place of Business
**4300 SALISBURY ROAD NORTH
JACKSONVILLE, FL 32216**

Mailing Address
**4300 SALISBURY ROAD NORTH
JACKSONVILLE, FL 32216**



03202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2727725

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SHINGALA, NARSI
4300 SALISBURY ROAD NORTH
JACKSONVILLE, FL 32216**

**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

**000000274042
03/23/05-80051-019 158.75**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATEL, DAYABHAI
STREET ADDRESS	1223 N.E. 1ST AVENUE
CITY-ST-ZIP	FLORIDA CITY, FL 33030
TITLE	EVPO
NAME	SHINGALA, NARSI
STREET ADDRESS	4300 SALISBURY ROAD NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VPD
NAME	PATEL, RAKEE
STREET ADDRESS	1223 N.E. 1ST AVENUE
CITY-ST-ZIP	FLORIDA CITY, FL 33030
TITLE	S
NAME	PATEL, ILAKUMARI
STREET ADDRESS	1223 N.E. 1ST AVENUE
CITY-ST-ZIP	FLORIDA CITY, FL 33030
TITLE	ASVP
NAME	SHINGALA, GEETA
STREET ADDRESS	4300 SALISBURY ROAD NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32216
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 807, 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:

Shingala
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-05 904-281-0198

Date

Daytime Phone #