

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90030 031 ***150.00

DOCUMENT # J31300

1. Entity Name
KALLI SERVICE CENTER, INC.



Principal Place of Business

17665 N US HWY 301
CITRA, FL 32113-2458 US

Mailing Address

17665 N US HWY 301
CITRA, FL 32113-2458 US

00000634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2725479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHARAJ, CHANDREKA K
17665 N US HWY 301
CITRA, FL 32113

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MAHARAJ, CHANDREKA KALLICHARAN**
STREET ADDRESS **17665 N US HWY 301**
CITY- ST- ZIP **CITRA, FL 321132458**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **D** ☐ Delete
NAME **MAHARAJ, CHANDRA**
STREET ADDRESS **17665 N US HWY 301**
CITY- ST- ZIP **CITRA, FL 321132458**

TITLE **SECRETARY, DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **VP** ☐ Delete
NAME **MAHARAJ, VIJAY K**
STREET ADDRESS **2104 NE 49TH ST**
CITY- ST- ZIP **OCALA, FL 34479**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06 352-595-2554
Date Daytime Phone #