

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # J32085

1. Entity Name
LEESBURG MOTEL INVESTMENT, INC.



Principal Place of Business
**4040 W SILVER SPRINGS BLVD
OCALA, FL 34482 US**

Mailing Address
**4040 W SILVER SPRINGS BLVD
OCALA, FL 34482 US**



03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2726263

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAROLIA, MAHESH S
2630 SW 36TH LANE
OCALA, FL 34474**

**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**

000000877322
04/14/08-80009-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAROLIA, JANAK S 8761 SOUTHERN BREEZE DR. ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DESAI, THAKOR C 1107 MOCKINGBIRD CT. SAN JOSE, CA 95120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROLIA, MAHESH S 2630 SW 36TH LANE OCALA, FL 34474
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 3-31-08 352-829-8850

Date

Daytime Phone #