

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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


**DOCUMENT # K18675**  
1. Entity Name  
**LYNCHBURG TRAVEL INN CORPORATION**



Principal Place of Business  
**1202 N KROME AVENUE  
FLORIDA CITY, FL 33034-2428 US**

Mailing Address  
**1202 N KROME AVENUE  
FLORIDA CITY, FL 33034-2428 US**

**DO NOT WRITE IN THIS SPACE**



03192008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**36-3558770**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, NAVNIT  
1202 N KROME AVE  
FLORIDA CITY, FL 33034**

**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**

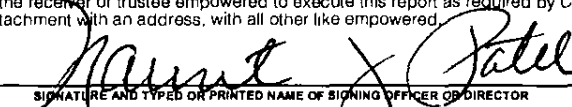
**U00000884850  
04/17/08-80059-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P PATEL, NAVNIT 1202 N KROME AVENUE FLORIDA CITY, FL 330342428</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S PATEL, DHARMISTA 1202 N KROME AVE FLORIDA CITY, FL 28</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:**  **4/3/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #