

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007985

1. Entity Name
VAJRA PUBLICATIONS INC.



Principal Place of Business
**20 WEST UNIVERSITY AVE #301V
GAINESVILLE, FL 32601**

Mailing Address
**20 WEST UNIVERSITY AVE #301V
GAINESVILLE, FL 32601**



DO NOT WRITE IN THIS SPACE

07052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3683904

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATE, MILLARD E
20 WEST UNIVERSITY AVE #301V
GAINESVILLE, FL 32601**

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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

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
PATE, MILLARD E
20 WEST UNIVERSITY AVE
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
PATE, ANGELA T
20 WEST UNIVERSITY AVE
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EMMER, D
20 WEST UNIVERSITY AVE
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000372420
07/12/05-80006-015 70.00

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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)(f), 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 617, 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:

M. Millard E. Pate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #