

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007659

FILED
May 09, 2005
Secretary of State

Entity Name: RADHA DAMODAR TSKP, INC.

Current Principal Place of Business:

20415 NW 113TH WAY
ALACHUA, FL 32615

New Principal Place of Business:

18127 NW 112 BLVD
ALACHUA, FL 32615

Current Mailing Address:

P.O. BOX 1795
ALACHUA, FL 326161795

New Mailing Address:

18127 NW 112 BLVD
ALACHUA, FL 32615

FEI Number: 33-1024792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOY, JEFFREY T TD
20415 NW 113TH WAY
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHELEN, MICHAEL T
Address: 3926 LINDEL BLVD.
City-St-Zip: ST. LOUIS, MO 63108

Title: SD () Delete
Name: KASDER, EMANUEL
Address: 11922 NW 147TH PL
City-St-Zip: ALACHUA, FL 32615

Title: TD () Delete
Name: MOY, JEFFREY T
Address: 20415 NW 113TH WAY
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOUGLAS, GLICK H
Address: 18127 NW 112 BLVD
City-St-Zip: ALACHUA, FL 32615

Title: SD (X) Change () Addition
Name: HOWLEY, JOHN
Address: 2006 NW 55 AVE, APT J-2
City-St-Zip: GAINESVILLE, FL 32653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS H GLICK

PD

05/09/2005

Electronic Signature of Signing Officer or Director

Date