

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N41435**

1. Entity Name  
**GEETA BHAWAN, INC.**



Principal Place of Business  
**3905 HALL OAK CT  
VALRICO, AL 35594-8458**

Mailing Address  
**3905 HALL OAK CT  
VALRICO, AL 35594-8458**



04272005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3042443**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PADGHAM, DHIRAJLAL T  
3905 HALL OAK CT  
VALRICO, FL 33594-8458**

**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: *Spadgham*

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 May 1, 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  
**D  
BAKRANIA, MAGAN  
320 OAKFIELD DR STE A  
VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PADGHAM, DHIRAJ LAL  
3905 HALLOAK CT  
VALRICO, FL 335948458**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PATEL, MOHAN BHAI  
4530 E COLUMBUS DR  
TAMPA, FL 33605**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PUSHPA, NIRMAL  
122 S MOON AVE  
BRANDON, FL 33511**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BOKRANIA, REKA  
125 S MOON AVE  
BRANDON, FL 33511**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000350383  
05/02/05-80103-001 61.25

**DO NOT WRITE  
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)(i), 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: *Spadgham-DHIRAJLAL T. PADGHAM* 4-28-05 813 654 9232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #