

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT. (AR)

FILED
Feb 06, 2006 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-3042443** ☐ Applied For
☐ Not Applied

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	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 *D. Padgham* **2-2-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	D	☐ Delete
NAME	BAKRANIA, MAGAN	
STREET ADDRESS	320 OAKFIELD DR STE A	
CITY- ST- ZIP	VALRICO FL 33594	
TITLE	D	☐ Delete
NAME	PADGHAM, DHIRAJ LAL	
STREET ADDRESS	3905 HALLOAK CT	
CITY- ST- ZIP	VALRICO FL 33594-8458	
TITLE	D	☐ Delete
NAME	PATEL, MOHAN BHAI	
STREET ADDRESS	4530 E COLUMBUS DR	
CITY- ST- ZIP	TAMPA FL 33605	
TITLE	D	☐ Delete
NAME	PUSHPA, NIRMAL	
STREET ADDRESS	122 S MOON AVE	
CITY- ST- ZIP	BRANDON FL 33511	
TITLE	D	☐ Delete
NAME	BOKRANIA, REKA	
STREET ADDRESS	125 S MOON AVE	
CITY- ST- ZIP	BRANDON FL 33511	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**U00000422443
02/17/06-80016-011 61.25**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.