

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90379 017 ***150.00

DOCUMENT # P00000027513

1. Entity Name
ARCHANA HOSPITALITY, INC.



Principal Place of Business
2086 HIGHWAY 71
MARIANA, FL 32447

Mailing Address
2086 HIGHWAY 71
MARIANA, FL 32447

44040484



04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3631851

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, ELIZABETH J
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BHAKTA, JITENDRA
STREET ADDRESS 2539 OAK DRIVE
CITY - ST - ZIP MARIANA, FL 32446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ Delete
NAME BHAKTA, ARUNBHAI
STREET ADDRESS 435 NORTH TYNDALL PKWY
CITY - ST - ZIP PANAMA CITY, FL 32404

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ Delete
NAME BHAKTA, MAHESHKUMAR
STREET ADDRESS 2086 HIGHWAY 71
CITY - ST - ZIP MARIANA, FL 32447

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ Delete
NAME PATEL, MOHANBHAI
STREET ADDRESS 5238 WOODGATE WAY
CITY - ST - ZIP MARIANA, FL 32446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE O ☒ Delete
NAME GOCOL, PHILLIP CEO
STREET ADDRESS 2175 STATE ROAD 71 SOUTH
CITY - ST - ZIP MARIANA, FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE O ☐ Delete
NAME XX, XX
STREET ADDRESS XX
CITY - ST - ZIP XX, XX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.04 850.526.1006

Date

Daytime Phone #