

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000062830

1. Entity Name

SHUCHI OF PANAMA CITY, INC.



Principal Place of Business

4411 W. HWY. 98
PANAMA CITY FL 32401

Mailing Address

4411 W. HWY. 98
PANAMA CITY FL 32401



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3654196

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, DERRICK
112 E. THIRD CT.
PANAMA CITY FL 32402

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 not submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME PATEL, PRAKASH		
STREET ADDRESS 4411 W. HWY. 98		
CITY-STATE-ZIP PANAMA CITY FL 32401		
TITLE	SD	<input type="checkbox"/> Delete
NAME PATEL, PRAVINKUMAR C		
STREET ADDRESS 4411 W. HWY. 98		
CITY-STATE-ZIP PANAMA CITY FL 32401		
TITLE	TD	<input type="checkbox"/> Delete
NAME PATEL, GANPATBHAI C		
STREET ADDRESS 4411 W. HWY. 98		
CITY-STATE-ZIP PANAMA CITY FL 32401		
TITLE	VD	<input type="checkbox"/> Delete
NAME PATEL, JAGRUTI		
STREET ADDRESS 4411 W. HWY. 98		
CITY-STATE-ZIP PANAMA CITY FL 32401		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME U000000797740		
STREET ADDRESS 01/29/08-80085-018		
CITY-STATE-ZIP 150.00		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 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

Prakash Patel 1/23/08 850-785-2700

Date

Daytime Phone #