

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000003011						
1. Entity Name JAI SHREE KRISHNA, INC.						
Principal Place of Business 5605 N NEBRASKA AVE TAMPA FL 33604			Mailing Address 5605 N NEBRASKA AVE TAMPA FL 33604			
2. Principal Place of Business			3. Mailing Address			
Suite, Apt #, etc			Suite, Apt #, etc			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 59-3689556		
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PATEL, ROBIN 5605 N NEBRASKA AVE TAMPA FL 33604			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 _____ (NOTE: Registered Agent signature required when reinstating)						
DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete PATEL, ROBIN 5605 N. NEBRASKA AVE TAMPA FL 33604			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000027329 02/03/04-80042-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete LUMAR, RAJESH 108 W. HILLSBOROUGH TAMPA FL 33604			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☐ Delete PATEL, HATHUBHAJ L 5605 N NEBRASKA AVE TAMPA FL 33604			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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

1/28/04 813-238-3285