

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000012248

1. Entity Name
JMD HOSPITALITY INC.



Principal Place of Business
4139 EAST BUSCH BLVD.
HOTEL
TAMPA, FL 33617

Mailing Address
4139 EAST BUSCH BLVD.
TAMPA, FL 33617

FILED

04 AUG 19 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07-21-04 90028 023 \$550.00
08172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3709596

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~VIDYALANKAR, JAY~~ Patrick Flannigan
4139 EAST BUSCH BLVD.
TAMPA, FL 33617

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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 PATRICK FLANNIGAN

Signature, typed or printed name of registered agent and title if applicable.

Patrick Flannigan

(NOTE: Registered Agent signature required when reinstating)

Aug 18, 2004

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME VIDYALANKAR, JAY
STREET ADDRESS 4139 EAST BUSCH BLVD.
CITY-ST-ZIP TAMPA, FL 33617

TITLE S
NAME VANMALI, MINAWALA
STREET ADDRESS 4139 EAST BUSCH BLVD.
CITY-ST-ZIP TAMPA, FL 33617

TITLE T
NAME VITHA, DHIRAJ
STREET ADDRESS 4139 EAST BUSCH BLVD.
CITY-ST-ZIP TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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: JAY VIDYALANKAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/04

Date

988-9191

Daytime Phone #