

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 A
Secretary of State

DOCUMENT # P01000026201

1. Entity Name
SHREE VITHALJI, INC.



Principal Place of Business
**42 SAN MARCO AVE
ST AUGUSTINE, FL 32084**

Mailing Address
**42 SAN MARCO AVE
ST AUGUSTINE, FL 32084**

DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3732082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, TALESH V
42 SAN MARCO AVE
SAINT AUGUSTINE, FL 32084**

**DO NOT WRITE
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 _____

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, 2008 Fee will be \$550.00 ..**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PATEL, TALESH**
STREET ADDRESS **42 SAN MARCO AVENUE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE **ST**
NAME **PATEL, KUSUMBEN V**
STREET ADDRESS **42 SAN MARCO AVENUE**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32084**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000840025
03/06/08-80032-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: T. K. Patel - Talesh Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08

Date

904-229-2292

Daytime Phone #