

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000057321

1. Entity Name
SANJAYNEAL, INC.



Principal Place of Business
13435 S MCCALL RD
PORT CHARLOTTE, FL 33981

Mailing Address
7450 ROSEMONT DRIVE
ENGLEWOOD, FL 34224



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1112029

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANAND, VIPAN
7450 ROSEMONT DRIVE
ENGLEWOOD, FL 34224

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 ANAND, VIPAN
STREET ADDRESS 7450 ROSEMONT DRIVE
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE VP
NAME ANAND, HEMISHA
STREET ADDRESS 7450 ROSEMONT DRIVE
CITY-ST-ZIP ENGLEWOOD, FL 34224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/10/07-80059-022 150.00

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/07 941-697-7100
Date Daytime Phone #