

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90654 001 ***150.00

DOCUMENT # P01000071430

1. Entity Name

JAYDOLOMA, INC.



Principal Place of Business

3257 NE JACKSONVILLE RD
OCALA FL 34479

Mailing Address

~~6371 SW 82ND PLACE~~
~~OCALA FL 34476~~

2. Principal Place of Business

3. Mailing Address

3257 N.E. JACKSONVILLE
RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA - FL.

Zip

Country

34479

U.S.A.

4. FEI Number

59-3732231

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, DINESH B

~~6371 SW 82ND PLACE~~
~~OCALA FL 34476~~

Name

PATEL, DINESH B

Street Address (P.O. Box Number is Not Acceptable)

1721 NE 36 AVE #3

City

OCALA

FL

Zip Code

34470

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, 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	PD	<input type="checkbox"/> Delete
NAME	PATEL, DINESH B	
STREET ADDRESS	6371 SW 82ND PLACE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PATEL, YOGESH A	
STREET ADDRESS	3375 SOUTHWEST 147TH LANE ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PATEL, KALPESH	
STREET ADDRESS	3375 SOUTHWEST 147TH LANE ROAD	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PATEL, DINESH B	
STREET ADDRESS	6371 SW 82ND PLACE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PATEL, YOGESH A	
STREET ADDRESS	6371 SW 82ND PLACE	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PATEL, KALPESH	
STREET ADDRESS	6371 SW 82ND PLACE	
CITY-ST-ZIP	OCALA FL 34476	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Dinesh B. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/04 (352) 622 6288