

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000097079

1. Entity Name
CURRY & WINE, INC.



FILED

04 APR 26 PM 4:43

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1105A APALACHEE PARWAY
TALLAHASSEE, FL 32301**

Mailing Address

**146 GLOVER LANE
CRAWFORDVILLE, FL 32327**



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3750135** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BHARGAVA, BHUPENDRA N
146 GLOVER LANE
CRAWFORDVILLE, FL 32327**

**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, 2004 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 **BHARGAVA, BHUPENDRA**
STREET ADDRESS **146 GLOVER LANE**
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

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**900035771049
05/07/04--01081--012 **150.00**

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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: **BHUPENDRA BHARGAVA** **4/26/04** **656-7200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #