

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90038 019 \*\*\*150.00

**DOCUMENT # P01000120609**

1. Entity Name  
**ALTOONA DISCOUNT STORE INC.**



Principal Place of Business

**42409 SR 19  
ALTOONA, FL 32702**

Mailing Address

**42409 SR 19  
ALTOONA, FL 32702**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**26-0003404**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WADHWA, RAM KRISHAN  
42409 SR 19  
ALTOONA, FL 32702**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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 VP ☐ Delete  
NAME WADHWA, JITENDER  
STREET ADDRESS 419 W. ROSEWOOD CIR.  
CITY-ST-ZIP TAVARES, FL 32778

TITLE VP ☐ Delete  
NAME WADHWA, RAM KRISHAN  
STREET ADDRESS 409 ROSEWOOD CIR.  
CITY-ST-ZIP TAVARES, FL 32778

TITLE S ☐ Delete  
NAME TYAGI, ASHOK  
STREET ADDRESS 745 E. ROSEWOOD LN.  
CITY-ST-ZIP TAVARES, FL 32778

TITLE T ☐ Delete  
NAME YADAV, CHANDER  
STREET ADDRESS 104 VISTA AVE.  
CITY-ST-ZIP EUSTIS, FL 32726

TITLE D ☐ Delete  
NAME TYAGI, MEENU  
STREET ADDRESS 745 EAST ROSEWOOD LANE  
CITY-ST-ZIP TAVARES, FL 32778

TITLE D ☐ Delete  
NAME YADAV, SONIA  
STREET ADDRESS 104 VISTA AVENUE  
CITY-ST-ZIP EUSTIS, FL 32726

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME WADHWA, JITENDER  
STREET ADDRESS 5015 TREASURE CAY RD  
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☒ Change ☐ Addition  
NAME WADHWA, RAM KRISHAN  
STREET ADDRESS 5015 TREASURE CAY RD  
CITY-ST-ZIP TAVARES, FL 32778

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS YOGINDER WADHWA  
CITY-ST-ZIP 498 W ROSEWOOD LANE  
TAVARES FL 32778

TITLE ☐ Change ☒ Addition  
NAME SUNITA WADHWA  
STREET ADDRESS 498 W ROSEWOOD LANE  
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/07

352 343 1918