

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000120952

1. Entity Name
GAYTRI CORPORATION



Principal Place of Business
4577 US 90
LAKE CITY, FL 32055

Mailing Address
3783 US HIGHWAY 90 WEST
LAKE CITY, FL 32055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05212004

Chg-P

CR2E034 (10/03)

4. FEI Number
74-3030159

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, JYOTI A
947 PINEVIEW CIRCLE
LIVE OAK, FL 32064

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME PATEL, DILIP
STREET ADDRESS 3783 US 90 WEST
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE ☐ Change ☐ Addition
NAME 500038289315
STREET ADDRESS 06/25/04--01077--008 **150.00
CITY-ST-ZIP

TITLE V ☐ Delete
NAME PATEL, JYOTI
STREET ADDRESS 947 PINEVIEW CIRCLE
CITY-ST-ZIP LIVE OAK, FL 320643920

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

TITLE T ☐ Delete
NAME PATEL, KIRIT
STREET ADDRESS 207 HERITAGE HILLS DRIVE
CITY-ST-ZIP COMMERCE, GA 30529

TITLE T ☒ Change ☐ Addition
NAME PATEL, KIRIT
STREET ADDRESS 95 PRIME DRIVE
CITY-ST-ZIP COMMERCE, CA 30530

TITLE S ☐ Delete
NAME PATEL, RAJNI
STREET ADDRESS 7921 SHADY OAK TRAIL, APT 12
CITY-ST-ZIP CHARLOTTE, NC 28210

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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:

Jyoti Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JUN 22 AM 9:41

SECRETARY OF STATE



TR