

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000007931

1. Entity Name
LIGNA MARKETING INC.



FILED
Jan 31, 2005 08:00 AM
Secretary of State

Principal Place of Business
3405 SW COLLEGE RD, #209
OCALA, FL 34474

Mailing Address
8016 SW 62 CT
OCALA, FL 34476



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0006823

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATIDAR, SAMUEL S
8016 SW 62 CT
OCALA, FL 34476

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME PATIDAR, SAMUEL S
STREET ADDRESS 8016 SW 62 CT
CITY-ST-ZIP OCALA, FL 34476

TITLE VS
NAME PATIDAR, BELAEL S
STREET ADDRESS 8016 SW 62 CT
CITY-ST-ZIP OCALA, FL 34476

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000206496
02/01/05-80006-020 150.00

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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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel Patidar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/05 352-861-192
Date Daytime Phone #