

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000009276**

1. Entity Name  
**TEJAS JIVAN, INC.**



Principal Place of Business

**3144 W US HWY 90  
LAKE CITY, FL 32055**

Mailing Address

**3144 W US HWY 90  
LAKE CITY, FL 32055**

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3642789**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, PRAVINCHANDRA J  
3144 W US HWY 90  
LAKE CITY, FL 32055**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000579067  
01/09/07-80055-005 158.75**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, PRAVINCHANDRA J
STREET ADDRESS	3144 W US HWY 90
CITY- ST- ZIP	LAKE CITY, FL 32055
TITLE	VP
NAME	PATEL, RAMAN N
STREET ADDRESS	24 HUNTINGTON DR.
CITY- ST- ZIP	CLARKSVILLE, TN 37043
TITLE	S
NAME	PATEL, NILESH R
STREET ADDRESS	414 SW FL GATEWAY DR.
CITY- ST- ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**P.S. Patel-**

Date

Daytime Phone #

**1/3/07 386 752 9350**