


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90314 035 ***150.00

DOCUMENT # P02000012310	
1. Entity Name SHRI SMYRNA, INC.	

Principal Place of Business B.P. FOOD STORE 301 N. DIXIE FRWY. NEW SMYRNA BEACH FL 32168	Mailing Address B.P. FOOD STORE 301 N. DIXIE FRWY. NEW SMYRNA BEACH FL 32168
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2. Principal Place of Business AS ABOVE	3. Mailing Address NALIN PATEL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	3914 - DERBY DR. LAKE LAND - FL
Zip	Country
33809	POLK



1st MOORE CR2E034 (10/04)

4. FEI Number 75-2987821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATEL, NALIN 2121 US 98 NORTH LAKE LAND FL 33805	
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATEL, NALIN		NAME	
STREET ADDRESS 3914 DERBY DR.		STREET ADDRESS	
CITY-ST-ZIP LAKE LAND FL 33809		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATEL, MAHENDRA		NAME	
STREET ADDRESS 1940 SUGAR TREE APP.		STREET ADDRESS	
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ **DATE:** _____ **Daytime Phone #** _____

- NALIN PATEL - 04-10-05 - 863-529-1146.