

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90032 017 ***150.00

DOCUMENT # P02000033411

1. Entity Name

SHREE HARI INVESTMENT, INC.



Principal Place of Business

**1549 DUNDEE ROAD
WINTER HAVEN, FL 33884**

Mailing Address

**1549 DUNDEE ROAD
WINTER HAVEN, FL 33884**

30003834



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0059317

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RELIANCE CONSULTING, LLC
3105 W. WATERS AVE
SUITE 105
TAMPA, FL 33614**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JASHBHAI PATEL, JATINKUMAR
3309 OAK HILL PLACE
WINTER HAVEN, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
PATEL, JA MINIBEN J
3309 OAK HILL PLACE
WINTER HAVEN, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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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 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: *Jatin Patel* (**PATEL, JATINKUMAR J.**) **01/13/05** **(863) 294-7680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50003834
#PO2 000033411

#

CHANGES

10. OFFICERS & DIRECTORS

TITLE: P

NAME: PATEL, JATINKUMAR J.
(last name) (first name)

INSTEAD of

JASHBHAI PATEL, JATINKUMAR