

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000075285	
1. Entity Name MAYFAIR INNS OF PENSACOLA, INC.	
Principal Place of Business	Mailing Address
4540 MOBILE HIGHWAY PENSACOLA, FL 32506	207 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0108035	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, NAVNIT R
207 MIRACLE STRIP PARKWAY
FT. WALTON BEACH, FL 32548**

**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 *N. R. Patel* **NAVNIT R. PATEL PRESIDENT** **3/22/05**
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 ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PATEL, NAVNIT R
STREET ADDRESS	207 MIRACLE STRIP PARKWAY
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	STD
NAME	PATEL, ANIMESH M
STREET ADDRESS	6911 PENSACOLA BLVD.
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	D
NAME	PATEL, KISHOR N
STREET ADDRESS	349 S.W. MIRACLE STRIP PARKWAY
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/05-80007-014 150.00

**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: *N. R. Patel* **NAVNIT R. PATEL PRESIDENT** **3/22/05** **850-244-2443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #