

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000081050

1. Entity Name
KHANS AMOCO FOOD SHOP 2002, INC.



Principal Place of Business
**2020 SR 3
ST AUGUSTINE, FL 32084**

Mailing Address
**2020 SR 3
ST AUGUSTINE, FL 32084**

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
73-1652380

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KHAN, RANA
2020 SR 3
ST AUGUSTINE, FL 32084**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000151145
05/04/04-80034-018 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
CHOWDHURY, JAHAN
2020 SR 3
ST AUGUSTINE, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
KHAN, RANA
2020 SR 3
ST AUGUSTINE, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
SOHID, MOHAMMED
2020 SR 3
ST AUGUSTINE, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JHARNA, KHAN
10245 LA REINA RD.
DELRAY BEACH, FL 33446**

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 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: *Alan Chowdhury*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.26.04
Date

904-806-3999
Daytime Phone #