

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000003189

1. Entity Name
PB OF ORLANDO, INC.



Principal Place of Business
1424 SHELTER ROCK RD.
ORLANDO, FL 32835

Mailing Address
1424 SHELTER ROCK RD.
ORLANDO, FL 32835



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0760898

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

PATEL, HASMUKH
1424 SHELTER ROCK RD.
ORLANDO, FL 32835

**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 rechartering)

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	PTD
NAME	PATEL, HASMUKH
STREET ADDRESS	1424 SHELTER ROCK RD.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	SVD
NAME	PATEL, RAJESHKUMAR
STREET ADDRESS	1424 SHELTER ROCK RD.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000333895
04/27/05-80023-007 150.00

**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: *RB Patel* (RAJESH PATEL)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.22.05 407 933-8784

Date

Daytime Phone #