## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P03000007999**

PATIDAR FOOD & FUEL INC



**FILED** Jan 27, 2006 08:00 AN **Secretary of State** 

Principal Place of Business 9800 NW GAINESVILLE RD

PORT SAINT LUCIE, FL 34952 US

Mailing Address

8016 S.W. 62 CT.

OCALA, FL 34476 US



## DO NOT WRITE IN THIS SPACE

01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1575276 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATIDAR, BELAS 8016 S.W. 62 CT. OCALA, FL 34476

STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title i	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS )		·	
TITLE VAME STREET ADDRESS CITY-ST-ZIP	P PATIDAR, BELA S 8016 S.W. 62 CT. OCALA, FL 34476			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATIDAR, RASHMIBEN S 8016 S.W. 62 CT OCALA, FL 34476				0000000403470 02/06/06-80008-011 150.00
TITLE Vame Street Address City-St-Zip			DO NOT WRITE		
TITLE NAME				IN T	HIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/06

Daytime Phone #