

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000018973

1. Entity Name
SWAMI SHREE CORPORATION



Principal Place of Business
221 WOODLAWN RD
MACLENNY, FL 32063

Mailing Address
221 WOODLAWN RD
MACLENNY, FL 32063



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1591139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, JAYESH M
491 S 5TH STREET
MACLENNY, FL 32063

**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 JAYESH PATEL

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/05

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

U000000337018
04/27/05-80150-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, JAYESH M
STREET ADDRESS	491 S 5TH STREET
CITY - ST - ZIP	MACLENNY, FL 32063
TITLE	ST
NAME	PATEL, PANKAJ M
STREET ADDRESS	491 S 5TH STREET
CITY - ST - ZIP	MACLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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)(f), 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: Jayesh Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05

Date

904 259 3699

Daytime Phone #