

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000019909

1. Entity Name
JKBVM INC.



Principal Place of Business
1207 SW 16TH AVE.
GAINESVILLE FL 32608

Mailing Address
1207 SW 16TH AVE.
GAINESVILLE FL 32608

2. Principal Place of Business

3. Mailing Address



1st MOORE CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
13-4239324

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, KIRITKYMAR S
1452 SW 18TH PL.
GAINESVILLE FL 32608-1565

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
PATEL, KIRITKYMAR S
1452 SW 18TH PL.
GAINESVILLE FL 32608-1565 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
PATEL, JAYABEN
1452 SW 18TH PL.
GAINESVILLE FL 32608-1565 ☐ Delete

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NAME
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CITY - ST - ZIP
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PATEL, BRIJESH
1452 SW 18TH PL.
GAINESVILLE FL 32608-1565 ☐ Delete

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02/15/05-80044-005 150.00 ☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-05 352378-001

Date

Daytime Phone #