


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

06-13-2007 90003 035 \*\*\*550.00

**DOCUMENT # P03000030985**

1. Entity Name  
**ESHA HOSPITALITY, INC.**



40120010

Principal Place of Business      Mailing Address  
**130 LOBLOLLY LANE**      **130 LOBLOLLY LANE**  
**PENSACOLA, FL 32526 US**      **PENSACOLA, FL 32526 US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

06072007      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**41-2091838**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GILLIAM, THOMAS J JR.**  
**226 PALAFOX PLACE**  
**NINTH FLOOR, SEVILLE TOWER**  
**PENSACOLA, FL 32501**

**7. Name and Address of New Registered Agent**

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: *raj Patel*      DATE: 6/17/07

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME	<b>P</b> <b>DESAI, RAJENDRA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3816 MEDFORD DRIVE E.</b>	
CITY-ST-ZIP	<b>MOBILE, AL 36693</b>	
TITLE NAME	<b>V</b> <b>DESAI, ASHVIN</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>29450 N. MAIN ST.</b>	
CITY-ST-ZIP	<b>DAPHNE, AL 36526</b>	
TITLE NAME	<b>S</b> <b>PATEL, RAJIV</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>7210 ANNANDALE DR</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 32526</b>	
TITLE NAME	<b>T</b> <b>PATEL, ANIL</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4389 S. ALABAMA AVE.</b>	
CITY-ST-ZIP	<b>MONROEVILLE, AL 36460</b>	
TITLE NAME	<b>SHMR</b> <b>PATEL, BHARAT B</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>P.O. BOX 1994</b>	
CITY-ST-ZIP	<b>LAUREL, MS 39441</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>V</b> <b>DESAI PUSPA BEN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>29450 N. MAIN ST.</b>	
CITY-ST-ZIP	<b>DAPHNE, AL - 36526</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *raj Patel*      Date: 6/17/07      Daytime Phone #: 850 944 8442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR