

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030985

FILED
Feb 13, 2009
Secretary of State

Entity Name: ESHA HOSPITALITY, INC.

Current Principal Place of Business:

130 LOBLOLLY LANE
PENSACOLA, FL 32526 US

New Principal Place of Business:

Current Mailing Address:

130 LOBLOLLY LANE
PENSACOLA, FL 32526 US

New Mailing Address:

FEI Number: 41-2091838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DESAI, RAJENDRA
Address: 3816 MEDFORD DRIVE E.
City-St-Zip: MOBILE, AL 36693

Title: V () Delete
Name: DESAI, PUSPA BEN
Address: 29450 N. MAIN ST.
City-St-Zip: DAPHNE, AL 36526

Title: S () Delete
Name: PATEL, RAJIV
Address: 7210 ANNANDALE DR
City-St-Zip: PENSACOLA, FL 32526

Title: T () Delete
Name: PATEL, ANIL
Address: 4389 S. ALABAMA AVE.
City-St-Zip: MONROEVILLE, AL 36460

Title: SHMR () Delete
Name: PATEL, ANKITA B
Address: P.O. BOX 1994
City-St-Zip: LAUREL, MS 39441

Title: SHMR (X) Delete
Name: PATEL, NEELAM B
Address: POB 1994
City-St-Zip: LAUREL, MS 39441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SHMR (X) Change () Addition
Name: PATEL, B B
Address: P.O. BOX 1994
City-St-Zip: LAUREL, MS 39441

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAJ PATEL

S

02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date