

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2005 OCT 10 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02222005 Chg-P CR2E034 (10/03)

4. FEI Number
61-1447355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, JAY K
82 SHORE DRIVE
MIRAMAR BEACH, FL 32550

7. Name and Address of New Registered Agent

Name John W. Hawkins, Esq.
Street Address (P.O. Box Number is Not Acceptable)
Matthews & Hawkins, P.A.
4475 Legendary Drive
City Destin FL Zip Code 32541

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: (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE P.S. ☐ Delete
NAME PATEL, MUKESH D
STREET ADDRESS PO BOX 576
CITY-ST-ZIP DESTIN, FL 32540

TITLE VP,T ☐ Delete
NAME PATEL, JAY K
STREET ADDRESS PO BOX 576
CITY-ST-ZIP DESTIN, FL 32540

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 203060457552
STREET ADDRESS 10/10/05--01078--008 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-24-05

Date Daytime Phone #

10/10/05