## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Feb 26, 2004 8:00 am DOCUMENT # P03000047936 **Secretary of State** 1. Entity Name STORE 11, INC. 02-26-2004 90027 001 \*\*\*150.00 Principal Place of Business Mailing Address 1675 RACHEL'S RIDGE LOOP 1675 RACHEL'S RIDGE LOOP **9402064**3 OCOEE, FL 34761 OCOEE, FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 02232004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 81-0612804 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, JAYESH 1675 RACHEL'S RIDGE LOOP Street Address (P.O. Box Number is Not Acceptable) OCOEE, FL 34761 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PT ☐ Delete ☐ Change ☐ Addition NAME PATEL, JAYESH NAME STREET ADDRESS 1675 RACHEL'S RIDGE LOOP STREET ADDRESS CITY - ST - ZIP OCOEE, FL 34761 CITY - ST- 7IP TITLE ☐ Delete ☐ Change ☐ Addition PATEL, KALPESH J NAME NAME STREET ADDRESS 1450 S HIWASSEE RD, APT 97 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 1 2 2 CITY-ST-ZIP CITY-ST-ZIP\* TELÈ ⊥ Delete Change Addition NAME NAME<sup>2</sup> -STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 1-2 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

2/4/24

FILED