

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91001 011 ***150.00

DOCUMENT # P03000060962

1. Entity Name
JAYSHREE DAVE ENTERPRISES, INC.



Principal Place of Business
**5301 CONROY RD, STE 140
ORLANDO, FL 32811**

Mailing Address
**5301 CONROY RD, STE 140
ORLANDO, FL 32811**

14019140

2. Principal Place of Business
12213 S. ORANGE BLOSSOM TR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292004

Chg-P

CR2E034 (10/03)

City & State
ORLANDO

City & State

4. FEI Number
54-2115645

Applied For
Not Applicable

Zip
32837

Country
USA

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

**LAVIGNE, JAMES R ESQ
5301 CONROY RD, STE 140
ORLANDO, FL 32811**

Name
JAYSHREE DAVE

Street Address (P.O. Box Number is Not Acceptable)
12213 S. ORANGE BLOSSOM TR

City
ORLANDO

FL

Zip Code
32837

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DAVE, JAYSHREE**
STREET ADDRESS **7 JACKDAW CLOSE, LANGLEY GREEN, CRAWLEY**
CITY-ST-ZIP **WEST SUSSEX, UNITED KINGDOM, RH11 7RG**

TITLE **PD** ☒ Change ☐ Addition
NAME **DAVE, JAYSHREE**
STREET ADDRESS **12213 S. ORANGE BLOSSOM TR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Date

Daytime Phone #

407-927-0184
04/29/2004