

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

04-02-2004 90038 026 ***150.00

DOCUMENT # P03000070497

1. Entity Name
HARI OM OF LAKE CITY, INC.



Principal Place of Business
ROUTE 22, BOX 2338
LAKE CITY, FL 32024

Mailing Address
ROUTE 22, BOX 2338
LAKE CITY, FL 32024

66421281



2. Principal Place of Business
252 SW Stanley Court

3. Mailing Address
252 SW Stanley Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05062004

Chg-P

CR2E034 (10/03)

City & State
Lake City, FL

City & State
Lake City,

4. FEI Number
73-1673394

Applied For
Not Applicable

Zip
32024

Country
USA

Zip
32024

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, PRAKASH
ROUTE 22, BOX 2338
LAKE CITY, FL 32024

7. Name and Address of New Registered Agent

Name
Prakash Patel

Street Address (P.O. Box Number is Not Acceptable)
252 SW Stanley Court

City **Lake City**

FL

32024

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T/D
Prakash Patel
252 SW Stanley Court
Lake City, FL 32024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

05-11-04

Date

386/755-5571

Daytime Phone #