


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000081552 1. Entity Name KRISHNA OF JACKSONVILLE, INC.	
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Principal Place of Business  
401 LORING AVE #516  
ORANGE PK, FL 32073

Mailing Address  
401 LORING AVE #516  
ORANGE PK, FL 32073

**DO NOT WRITE IN THIS SPACE**



05102005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0114562	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PATEL, C.J.  
401 LORING AVE #516  
ORANGE PK, FL 32073

**DO NOT WRITE  
IN THIS SPACE**

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, C.J. 401 LORING AVE #516 ORANGE PK, FL 32073
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U00000366119  
05/11/05-80031-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

5/10/05

Date

94-388-3447

Daytime Phone #