

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90182 036 ***150.00

14004163



04192005 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

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

6. Name and Address of Current Registered Agent

MCLEOD, RODERICK D
2419 EAST MALL DRIVE
FORT MYERS, FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SHETH, HARISH J
STREET ADDRESS 3511 CLEVELAND AVE
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE VP ☐ Delete
NAME SHETH, BHAVESH J
STREET ADDRESS 3511 CLEVELAND AVE
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE D ☒ Delete
NAME SHETH, JITENDRA A
STREET ADDRESS 3511 CLEVELAND AVE
CITY-ST-ZIP FORT MYERS, FL 33901

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 P ☒ Change ☐ Addition
NAME SHETH, HARISH J
STREET ADDRESS 3515 LA COSTA CIRCLE
CITY-ST-ZIP APT #203
NAPLES FL 34105 US

TITLE ☒ Change ☐ Addition
NAME SHETH BHAVESH J
STREET ADDRESS 3515 LA COSTA CIRCLE
CITY-ST-ZIP APT #203
NAPLES FL 34105 US

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

HARISH SHETH

Date

Daytime Phone #

April 25/05

239-513-2122