

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90300 042 ***150.00

DOCUMENT # P03000102779

1. Entity Name

GAYATRI ASSOCIATES, INC.



Principal Place of Business

8433 SOUTHSIDE BLVD., SUITE 1909
JACKSONVILLE FL 32256

Mailing Address

8433 SOUTHSIDE BLVD., SUITE 1909
JACKSONVILLE FL 32256

2. Principal Place of Business

14602 Swansea Ct
Suite, Apt. #, etc.

3. Mailing Address

14602 Swansea Ct
Suite, Apt. #, etc.

City & State

Jacksonville FL
Zip

Country

USA

City & State

Jacksonville FL
Zip

Country

USA

4. FEI Number

33-1070726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DODANI, RAJKUMAR
8433 SOUTHSIDE BLVD., SUITE 1909
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address

City

Mr. Rajkumar P. Dodani
14602 Swansea Ct.
Jacksonville, FL 32258

FL

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DODANI, RAJKUMAR P
STREET ADDRESS 8433 SOUTHSIDE BLVD., SUITE 1909
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE SD ☐ Delete
NAME DODANI, NAMISHA
STREET ADDRESS 8433 SOUTHSIDE BLVD., SUITE 1909
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME Mr. Rajkumar P. Dodani
STREET ADDRESS 14602 Swansea Ct.
CITY-ST-ZIP Jacksonville, FL 32258

TITLE ☒ Change ☐ Addition
NAME Naimisha
STREET ADDRESS 14602 Swansea Ct.
CITY-ST-ZIP Jacksonville, FL 32258

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

Date

Daytime Phone #

Naimisha Dodani 3-1-05 904 651-0800