

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91215 020 \*\*\*150.00

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66426133



03202004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0491799** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

JAMES, KAYWELL W  
2705 TAMiami TRAIL  
211  
PUNTA GORDA, FL 33950

## 7. Name and Address of New Registered Agent

Name **PATEL, SURESH R**  
Street Address (P.O. Box Number is Not Acceptable)  
**4100 TAMiami TR**  
City **PORT CHARLOTTE** FL Zip Code **33952**

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]* **SURESH R. PATEL, PRES 3-25-04**  
(NOTE: Registered Agent signature required when reappointing) 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

TITLE	P, D	<input type="checkbox"/> Delete
NAME	PATEL, SURESH R	
STREET ADDRESS	4100 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	PATEL, BINA A	
STREET ADDRESS	4100 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PATEL, SURENDRA M	
STREET ADDRESS	4100 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATEL, SANDIP S	
STREET ADDRESS	4100 TAMiami TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SURESH R. PATEL, PRES 3-25-04 (941) 743-2442**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #