

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000126090

1. Entity Name
SUMAN MAKKER & ASSOCIATES INC.



Principal Place of Business
**2843 SCOTT MILL ESTATE DR.
JACKSONVILLE, FL 32257**

Mailing Address
**2843 SCOTT MILL ESTATE DR.
JACKSONVILLE, FL 32257**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0500195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAKKER, SUMAN
2843 SCOTT MILL ESTATE DR.
JACKSONVILLE, FL 32257**

**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 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MAKKER, SUMAN
2843 SCOTT MILL ESTATE DR.
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MAKKER, SHASHI
2843 SCOTT MILL ESTATE DR.
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
MAKKER, SONAM
2843 SCOTT MILL ESTAE DR
JACKSONVILLE, FL 32257**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000172855
01/06/05-80013-023 150.00

**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)(f), 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

12/31/04
Date

904-731-7855
Daytime Phone #