

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 A
Secretary of State

DOCUMENT # P04000071773

1. Entity Name
ARIHUNT HOSPITALITY, INC.



Principal Place of Business
**3144 WEST US HWY 90
LAKE CITY, FL 32055**

Mailing Address
**3144 WEST US HWY 90
LAKE CITY, FL 32055**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1128922

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, PRAVIN J
3144 WEST US HWY 90
LAKE CITY, FL 32055**

**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, 2008 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
NAME	PATEL, PRAVIN J
STREET ADDRESS	3144 WEST US HWY 90
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	V
NAME	PATEL, RAMAN N
STREET ADDRESS	190 HOLIDAY ROAD
CITY-ST-ZIP	CLARKSVILLE, TN 37040
TITLE	S
NAME	PATEL, NILESH R
STREET ADDRESS	414 SW FLORIDA GATEWAY DR
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	T
NAME	PATEL, SHANKERBHAI G
STREET ADDRESS	109 GEERS DR
CITY-ST-ZIP	LEBANON, TN 37087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000786628
01/17/08-80049-002 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/14/08

386 752 9350