


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000139221 1. Entity Name JAI GANESH INC.						FILED 05 JAN -6 PM 2:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 39 JACK DR. QUINCY, FL 32352				Mailing Address 39 JACK DR. QUINCY, FL 32352			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent PARESH, PATEL 39 JACK DR. QUINCY, FL 32352				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 25-123416			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PVST PARESHKUMAR, PATEL 39 JACK DR. QUINCY, FL 32352				TITLE NAME STREET ADDRESS CITY-ST-ZIP 200044675752 01/13/05--01016--006 **150.00			
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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: _____ 1/15/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							