

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90140 021 \*\*\*158.75

**DOCUMENT # P04000144340**

1. Entity Name  
8 TILL LATE AT PONTE VEDRA II, INC.



**40066530**



Principal Place of Business  
832 A1A N.  
14  
PONTE VEDRA BEACH, FL 32082 US

Mailing Address  
832 A1A N.  
14  
PONTE VEDRA BEACH, FL 32082 US

2. Principal Place of Business

**832 A1A N**

Suite, Apt. #, etc.

**16**

City & State

**PONTE VEDRA BEACH, FL**

Zip

**32082**

Country

**ST. JOHNS**

3. Mailing Address

**832 A1A N.**

Suite, Apt. #, etc.

**16**

City & State

**PONTE VEDRA BEACH, FL**

Zip

**32082**

Country

**ST. JOHNS**

02282005

Chg-P

CR2E034 (10/03)

4. FEI Number

**20-1776294**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLOTT, STEPHEN A  
101 CENTURY 21 DR.  
206  
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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 re-registering)

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

**P**  
**PATEL, KIRAN C**  
**8709 HUNTERS CREEK DR. S.**  
**JACKSONVILLE, FL 32216**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

**KIRAN C. PATEL 03/18/05 9042855356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #