

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151739

Entity Name: SHRI GAUTAM SWAMI, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

10241 CLARENCE ST
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

225 BECKRICH ROAD
PANAMA CITY BEACH, FL 32407

New Mailing Address:

FEI Number: 16-1709608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, NARESH
225 BECKRICH ROAD
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAH, MAHESH D
Address: 504 PARKWOOD DR.
City-St-Zip: PANAMA CITY, FL 32405

Title: VP () Delete
Name: BANKER, INDRAVADAN L
Address: 4111 W. HWY 98
City-St-Zip: PANAMA CITY, FL 32401

Title: S () Delete
Name: PATEL, NARESHKUMAR
Address: 225 BECKRICH ROAD
City-St-Zip: PANAMA CITY, FL 32407

Title: D () Delete
Name: BHAKTA, JITENDRA
Address: 5239 OAK DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D () Delete
Name: PATEL, DHIREN
Address: 8901 FRONT BEACH RD.
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: D () Delete
Name: SHAH, TUSHAR J
Address: 4128 W. HWY 98
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NARESHKUMAR PATEL

S

04/30/2009

Electronic Signature of Signing Officer or Director

Date