

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90143 014 ***150.00

DOCUMENT # P04000162648

1. Entity Name
NEELKANTH INC



Principal Place of Business
**10257 SANDY MARSH CIRCLE
ORLANDO, FL 32832**

Mailing Address
**10257 SANDY MARSH CIRCLE
ORLANDO, FL 32832**

50047087

2. Principal Place of Business
**1310 N. JOHN YOUNG PKWY
Suite, Apt. #, etc.**

3. Mailing Address
**1310 N. JOHN YOUNG PKWY
Suite, Apt. #, etc.**



04282005 Chg-P CR2E034 (10/03)

City & State
KISSIMMEE, FL
Zip
34741 Country
USA

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KISSIMMEE, FL
Zip
34741 Country
USA

4. FEI Number
20-1950235 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, MANDAKINI
10257 SANDY MARSH CIRCLE
ORLANDO, FL 32832**

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 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
**P/S
PATEL, MANDAKINI
10257 SANDY MARSH CIRCLE
ORLANDO, FL 32832** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER - YOGESH PATEL
1310 N. JOHN YOUNG PKWY
KISSIMMEE, FL 34741** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY / VP.
JASHBHAI D. PATEL
1310 N. JOHN YOUNG PKWY
KISSIMMEE, FL 34741** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

407-847-5955
Daytime Phone #