## **2008 FOR PROFIT CORPORATION FILED ANNUAL REPORT** Feb 04, 2008 08:00 AN **DOCUMENT # P04000167198 Secretary of State** 1. Entity Name BANYANITES INC. Principal Place of Business Maifing Address 7001-40 MERRILL ROAD 7001-40 MERRILL ROAD JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 US CR2E034 (11/05) 01312008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2004256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PATEL, DAXA 7001-40 MERRILL ROAD JACKSONVILLE, FL 32277 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/13/08-8003S-017 150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. Р, TITLE PATEL, DAXA NAME 7001-40 MERRILL ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 VP TITLE PATEL, DAKSHESH NAME 7001-40 MERRILL ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 TITLE NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. It 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:** 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

DJ. Hotel

DI. Robel - Acsident

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(904)743-5664 Dayring Phone