

FILEDJul 10, 2007 08:00 AM
Secretary of State**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000044639	
1. Entity Name JAY SHREE HARI KRISHNA INC.	

Principal Place of Business 66 HWY 19 INGLIS, FL 34449	Mailing Address 66 HWY 19 INGLIS, FL 34449
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07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0426435	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PATEL, SURESHBHAI N 66 HWY 19 INGLIS, FL 34449	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purposes 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 _____ U000000768083
07/10/07-80030-023 150.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when renewing.) DATE

**FILE NOW! FREE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fee

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SURESHBHAI N 66 HWY 19 INGLIS, FL 34449
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  President 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr