

ANNUAL REPORT

DOCUMENT # P05000081155

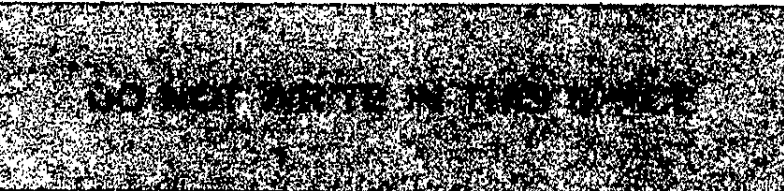
1. Entity Name
JAI SHREE SHOLE INC.



FILED
Apr 26, 2007 08:00 AM
Secretary of State

Principal Place of Business
940 PEACHTREE ST.
COCOA, FL 32922

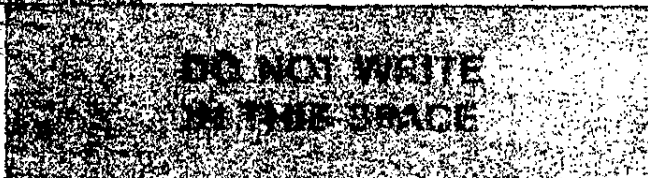
Mailing Address
700 N COURTENAY PKWY
814
MERRITTE ISLAND, FL 32953



04242007 No Chg-F CR2E034 (11/03)

4. FEI Number
71-0983368
Applied For
Not Applicable
6. Certificate of Status Desired ☐ \$3.75 Additional Fee Required

5. Name and Address of Current Registered Agent
PATEL, PINTUKUMAR M
940 PEACHTREE ST.
COCOA, FL 32922



8. This 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.

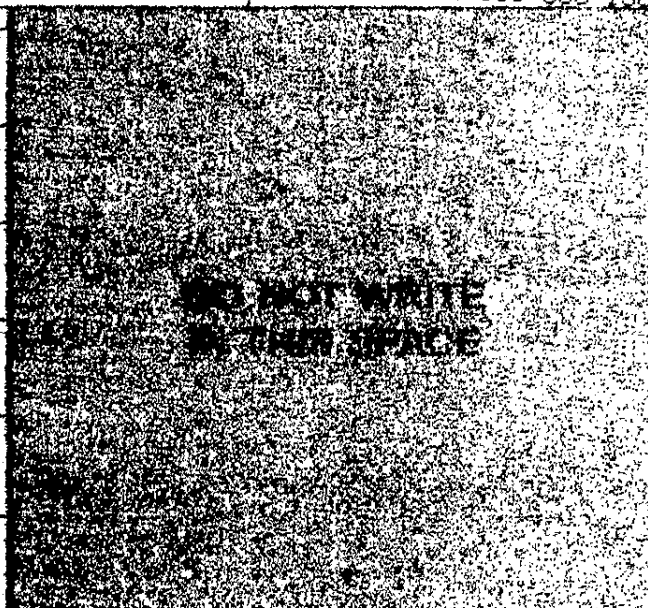
SIGNATURE _____ (NOTE: Registered Agent's signature required when releasing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000732912
05/09/07-80065-006 150 00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PATEL, PINTUKUMAR M 700 N COURTENAY PKWY MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 of

SIGNATURE: *[Signature]* 4-22-07 321-639-8164
SIGNATURE AND TITLE OR PRINTED NAME OF SENDER TO FILER OR DIRECTOR