

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000147202

1. Entity Name
MDP HOSPITALITY, INC.



Principal Place of Business
3621 WEST SILVER SPRINGS BLVD
OCALA, FL 34475

Mailing Address
3621 WEST SILVER SPRINGS BLVD
OCALA, FL 34475



03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3730846

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAROLIA, MAHESH S.
2630 SW 36TH LANE
OCALA, FL 34474

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAROLIA, MAHESH S.
STREET ADDRESS	2630 SW 36TH LANE
CITY-ST-ZIP	OCALA, FL 34474
TITLE	D
NAME	MAROLIA, JANAK S.
STREET ADDRESS	8761 SOUTHERN BREEZE DR.
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	DESAI, THAKOR C.
STREET ADDRESS	1107 MOCKINGBIRD CT.
CITY-ST-ZIP	SAN JOSE, CA 95120
TITLE	D
NAME	PATEL, JAYANTI Z.
STREET ADDRESS	3041 S. PINE AVE.
CITY-ST-ZIP	OCALA, FL 34471
TITLE	D
NAME	PANCHAL, JAYANTI
STREET ADDRESS	6979 SE 12TH CIR.
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	DESAI, JANAK D.
STREET ADDRESS	3924 W. SILVER SPRINGS BLVD.
CITY-ST-ZIP	OCALA, FL 34482

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04/11/08-80093-022 150.00

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IN THIS SPACE**

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 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: M. Marolia Mahesh S. Marolia ✓ 3-31-08 352 482-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #