

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000002316**

1. Entity Name  
**M.J. MEHTA, INC.**



Principal Place of Business  
**2468 BELLEAIR ROAD  
CLEARWATER, FL 33764**

Mailing Address  
**2468 BELLEAIR ROAD  
CLEARWATER, FL 33764**



02242008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-5740156**

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**

**MEHTA, MAYANK J  
14506 ALEJO COURT  
SEMINOLE, FL 33776**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

000000868481  
04/03/08-80011-007 150.00  
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**

**\$ 150.00 less NO 1602  
03/21/08 Sum Total**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MEHTA, MAYANK J
STREET ADDRESS	14506 ALEJO COURT
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	N/A
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	N/A
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	N/A
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	N/A
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAYANK MEHTA 03/21/2008 727-531-7355**  
Date Daytime Phone #