

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90017 028 \*\*\*150.00

DOCUMENT # P06000075957

1. Entity Name

PATEL & PATIDAR PROPERTIES INC



Principal Place of Business

2909 COUNTY ROAD 252  
LAKE CITY FL 32084  
US

Mailing Address

8016 SW 62ND CT  
OCALA FL 34476  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4981606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

PATIDAR, SAMUEL S  
8016 SW 62ND CT  
OCALA FL 34476

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: PATIDAR, SAMUEL S  
STREET ADDRESS: 8016 SW 62ND CT  
CITY - ST - ZIP: Ocala FL 34476 ☐ Delete

TITLE: VP  
NAME: PATEL, BHARATKUMAR M  
STREET ADDRESS: 9100 E FLORIDA AVE, # 3-208  
CITY - ST - ZIP: DENVER CO 80247 ☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
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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 Section 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: Samuel S. Patidar Samuel Patidar 03/23/07 386-963-2759  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #