

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90111 009 ***150.00

DOCUMENT # P93000027174

1. Entity Name

SUPER STOP #401, INC.



Principal Place of Business

5800 PERSHING AVE
ORLANDO FL 32822
US

Mailing Address

5800 PERSHING AVE
ORLANDO FL 32822
US

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

SUPER STOP #401 INC

3. Mailing Address

SUPER STOP 401 INC

Suite, Apt. #, etc.

7614 CLEMENTINE WAY

Suite, Apt. #, etc.

7614 CLEMENTINE WAY

City & State

ORLANDO - FL

City & State

ORLANDO, FL

Zip

32819

Country

US

Zip

32819

Country

US

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0403521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDDY, KULHAKULLA D.
5800 PERSHING AVE.
ORLANDO FL 32822

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	D	<input type="checkbox"/> Delete
NAME	KUCHAKULLA DAYKAR REDDY	
STREET ADDRESS	5800 PERSHING AVE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	DHEERAJ, REDDY K	
STREET ADDRESS	7614 CLEMENTINE WAY	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDDY, MEGHAJ	
STREET ADDRESS	7456 SPARKLING LAKE	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MEGHAS REDDY 2/1/07 407-701-7763