

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000034093

1. Entity Name
8 TILL LATE AT SURFSIDE INC.



Principal Place of Business
**693 NORTH THIRD STREET
JACKSONVILLE, FL 32250 US**

Mailing Address
**693 NORTH THIRD ST.
JACKSONVILLE BCH, FL 32250 US**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3180848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BHIKHA, BHAGRATH
693 N. 3RD ST
JACKSONVILLE, FL 32250**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DPS
BHIKHA, BHAGIRATH
1237 E WILLOW OAKS DR
JACKSONVILLE BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVP
BHIKHA, SUNIL
1237 E WILLOW OAKS DR
JACKSONVILLE BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVP
PARAG, JAYESH
8300 PLAZA GATE LANE S APT 1123
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
DILIP, DILIPZ Z
1965 SAND HILL CRANE DR
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DVP
PATEL, KANTI A
13121 QUINCY BAY DR
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

00000034117
01/25/06-80049-006 150.00

**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:

Dilip Patel *DILIP PATEL* *vice President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #