


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000036171

1. Entity Name
MORAR ENTERPRISES INC.



Principal Place of Business % KWIK STOP FOOD STORE 503 ALT 19 PALM HARBOR, FL 34683	Mailing Address % KWIK STOP FOOD STORE 503 ALT 19 PALM HARBOR, FL 34683
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03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3182686	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, NANOOBHAI D
 1604 GRAY BARK DR
 OLDSMAR, FL 34677**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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	D PATEL, NANOOBHAI D 1604 GRAY BARK DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, INDIRABEN N 1604 GRAY BARK DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORAR, MEHUL 1604 GRAY BARK DRIVE OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/23/04-80051-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mehul **U. 21.04 727-284-2327**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #