


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P9300036171 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
--	--



02032005 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 \$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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000280960
 03/30/05-80039-016 150.00

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 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: *[Signature]* Date: 3 27 05 Daytime Phone #: 727-784-2327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR