

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90011 043 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P93000060102</b> 1. Entity Name <b>KARAN OF OCALA, INC.</b>					
Principal Place of Business <b>2319 SE 30TH PLACE OCALA FL 34471-6192</b>			Mailing Address <b>2319 SE 30TH PLACE OCALA FL 34471-6192</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>2100 S.E. 73<sup>rd</sup> Loop</b>		3. Mailing Address Suite, Apt. #, etc. <b>2100 S.E. 73<sup>rd</sup> Loop</b>			
City & State <b>Ocala, Florida</b>		City & State <b>Ocala, Florida</b>			
Zip <b>34480</b>		Country <b>MARION</b>		4. FEI Number <b>59-3198319</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GAEKWAD, DIGVIJAY 2319 SE 30TH PLACE OCALA FL 34471-6192</b>			7. Name and Address of New Registered Agent Name <b>GAEKWAD Digvijay</b> Street Address (P.O. Box Number is Not Acceptable) <b>2100 S.E. 73<sup>rd</sup> Loop</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34480</b>		
B. 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GAEKWAD, DIGVIJAY 2319 SE 30TH PLACE OCALA FL 34471-6192		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date <b>3/15/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		