

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90067 002 \*\*\*150.00

**DOCUMENT # P93000082972**

1. Entity Name  
404 VONDERBURG DRIVE, INC.



Principal Place of Business  
404 VONDERBURG DRIVE  
BRANDON, FL 33511

Mailing Address  
404 VONDERBURG DRIVE  
BRANDON, FL 33511

**50014848**



02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3231718

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202

**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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KHANT, RANCHHOD N
STREET ADDRESS	404 VONDERBURG DR
CITY - ST - ZIP	BRANDON, FL
TITLE	T
NAME	CHOKSHI, SAURABH K
STREET ADDRESS	404 VONDERBURG DR
CITY - ST - ZIP	BRANDON, FL
TITLE	VP
NAME	TAMBOLI, HOSHEDAR P
STREET ADDRESS	404 VONDERBURG DR
CITY - ST - ZIP	BRANDON, FL
TITLE	S
NAME	MESTER, STEPHEN W MD
STREET ADDRESS	404 VONDERBURG DRIVE
CITY - ST - ZIP	BRANDON, FL
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # **813-684-6000**