

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90187 008 ***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

2. Principal Place of Business - No P.O. Box #

635 EICHENFELD DR

3. Mailing Address

635 EICHENFELD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon Florida

City & State

Brandon FL

Zip

33511

Country

USA

Zip

33511

Country

USA

01102007

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 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 ☐ Delete
NAME KHANT, RANCHHOD N
STREET ADDRESS 404 VONDERBURG DR 635 EICHENFELD DR
CITY-ST-ZIP BRANDON, FL

TITLE T ☐ Delete
NAME CHOKSHI, SAURABH K
STREET ADDRESS 404 VONDERBURG DR 635 EICHENFELD DR
CITY-ST-ZIP BRANDON, FL

TITLE VP ☐ Delete
NAME TAMBOLI, HOSHEDAR P
STREET ADDRESS 404 VONDERBURG DR 635 EICHENFELD DR
CITY-ST-ZIP BRANDON, FL

TITLE S ☐ Delete
NAME MESTER, STEPHEN W MD
STREET ADDRESS 404 VONDERBURG DRIVE 635 EICHENFELD DR
CITY-ST-ZIP BRANDON, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #