

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000019288

1. Entity Name
OCALA INN KASH, INC.



Principal Place of Business
3620 WEST SILVER SPRINGS BLVD.
OCALA, FL 32674

Mailing Address
700 SQUIRE PLACE NE
STE. B
ATLANTA, GA 30324



07142006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3234155

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATTNI, HARISH
3620 WEST SILVER SPRINGS BLVD.
OCALA, FL 32674

**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

Harish Pattni

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

08/22/06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATTNI, HARISH
STREET ADDRESS	700 SQUIRE PL NE, STE. B
CITY-ST-ZIP	ATLANTA, GA 303244124
TITLE	V
NAME	PATTNI, DHIREN
STREET ADDRESS	700 SQUIRE PL NE, STE. B
CITY-ST-ZIP	ATLANTA, GA 303244124
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

Dhiren M. Pattni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/22/06 4046079071 X117

Date

Daytime Phone #