## 2005 FOR PROFIT CORPORATION

## Apr 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P94000054485 INNKASH JACKSONVILLE, INC. Principal Place of Business Mailing Address 1153 AIRPORT ROAD 700 SQUIRE PLACE NE JACKSONVILLE, FL 32210-2401 STE. B ATLANTA, GA 30324 03292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3255455 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATTNI, HARISH DO NOT WRITE 1153 AIRPORT RD. JACKSONVILLE, FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PATTNI, HARISH 700 SQUIRE PL NE STE B STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 303244124 TITLE NAME PATTNI, DHIREN U00000284730 04/02/05-80017-003 150.00 700 SQUIRE PL NE STE B STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 303244124 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED