

***2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000088491

1. Entity Name
SHREE NATH, INC.



Principal Place of Business
**1561 N U.S. HIGHWAY 1
ORMOND BEACH, FL 32174**

Mailing Address
**1561 N U.S. HIGHWAY 1
ORMOND BEACH, FL 32174**



01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3514867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DESAI, BIPINCHANDRA R
1561 N US HWY 1
ORMOND BEACH, FL 32174**

**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

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, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
DESAI, HEMANTRAI R
1561 N US HWY 1
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
DESAI, BIPINCHANDRA R
1561 N U.S. HIGHWAY 1
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
DESAI, VANILABEN H
1561 N U.S. HIGHWAY 1
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
DESAI, NIRMALABEN B
1561 N U.S. HIGHWAY 1
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DESAI, HEMANT
5129 MICHAEL AVENUE
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000194027
01/25/05-80082-018 150.00

**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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICE PRESIDENT

01/21/2005 (386)-677-1352