

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90405 038 ***150.00

DOCUMENT # P96000055093

1. Entity Name
KISHAN, INC.



Principal Place of Business
**508 E. MEMORIAL BLVD.
LAKELAND, FL 33801 US**

Mailing Address
**508 E. MEMORIAL BLVD.
LAKELAND, FL 33801 US**

50008337



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3402559

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATEL, SUJATA
5139 LAKE DEESON, PT CT
LAKELAND, FL 33805**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE * **VP** ☒ Delete
NAME **PATEL, KSHAMA B**
STREET ADDRESS **5648 BELLINGHAM DR**
CITY-ST-ZIP **ROCKFORD, IL 61107**

TITLE **VP** ☒ Change ☐ Addition
NAME **Patel Kshama B.** address-
STREET ADDRESS **6111a Ct**
CITY-ST-ZIP **Stearnswood - IL 60107**

TITLE **S** ☐ Delete
NAME **MEHTA, JITO**
STREET ADDRESS **2127 EDGEWATER CIRCLE, SOUTHEAST**
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

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

TITLE **T** ☒ Delete
NAME **AMIN, DILIP P**
STREET ADDRESS **2540 KNOX DR**
CITY-ST-ZIP **ROCKFORD, IL 61114**

TITLE **T** ☒ Change ☐ Addition
NAME **Amin Dilip P.** Address.
STREET ADDRESS **106 Castle Court**
CITY-ST-ZIP **Clemson SC 29631**

TITLE **P** ☐ Delete
NAME **PATEL, SUJATA H**
STREET ADDRESS **5139 LAKE DEESON POINTE**
CITY-ST-ZIP **LAKELAND, FL 33805**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 #

S. Patel President

3/29/06

682 0303
863 529 4771