

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000070654

1. Entity Name
GOHIL & PATTNI ENTERPRISES, INC.



Principal Place of Business
**1720 WOOLCO WAY SR 436 & CURRY FORD RD
ORLANDO, FL 32822**

Mailing Address
**1720 WOOLCO WAY SR 436 & CURRY FORD RD
ORLANDO, FL 32822**

DO NOT WRITE IN THIS SPACE



02142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3396217

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATTNI, DANESHWARI
1720 WOOLCO WAY SR 436 & CURRY FORD RD
ORLANDO, FL 32822**

**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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1000001122549
04/21/04-80032-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
DANESHWARI, PATTNI
355 S LAKE BLVD., #1016
ALTAMONTE SPGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
PATTNI, DANESHWARI
355 S N LAKE BLVD #1016
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAHENDRA PATTNI

4/19/04

Date

4073819966

Daytime Phone #