

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90022 047 ***150.00

DOCUMENT # P96000070654



1. Entity Name
GOHIL & PATNI ENTERPRISES, INC.

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

40120854



2. Principal Place of Business - No P.O. Box #
1720 WOOLCO WAY
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

06082007 Chg-P CR2E034 (12/06)

City & State
ORLANDO

City & State

4. FEI Number
59-3396217

Applied For
Not Applicable

Zip Country
FL 32822

Zip Country

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

7. Name and Address of New Registered Agent

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
Due by September 14, 2007

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 NAME STREET ADDRESS CITY ST ZIP	PSTD PATTNI, DANESHWARI 9525 PAINTE CREEK CT ORLANDO, FL 32832 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VSD PATTNI, MAHENDRA 9525 PAINTE CREEK CT ORLANDO, FL 32832 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

MAHENDRA V. PATTNI 6/12/07

407 381 9966