


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90069 009 ***150.00

DOCUMENT # P96000088093		
1. Entity Name SHREEJI OF HERNANDO, INC.		

Principal Place of Business 645 W. NORVELL BRAYANT HWY HERNANDO FL 34442 US	Mailing Address 1717 SKYLINE DR CHATTANOOGA TN 37421
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2. Principal Place of Business 645 W. NORVELL BRAYANT HWY	3. Mailing Address 1717 SKYLINE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HERNANDO, FL 8	City & State CHATTANOOGA
Zip 34442	Zip 37421
Country USA	Country USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent PATEL, KEVIN 10 PENNSYLVANIA ST BEVERLY HILLS FL 34465	
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4. FEI Number 59-3408391	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 *Kevin Patel* (NOTE: Registered Agent signature required when reinstating) DATE 2/25/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PATEL, KEVIN 1717 SKYLINE DR CHATTANOOGA TN 37421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATEL, KALINDI 1717 SKYLINE DR CHATTANOOGA TN 37421 <input type="checkbox"/> Delete	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 checked="" type="checkbox"/> Delete	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 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: *Kevin Patel* **KEVIN PATEL** 2/25/05 (423) 503-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #