

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90009 008 ***150.00

DOCUMENT # P97000105960

1. Entity Name
S N P OF CITRUS COUNTY INC.



Principal Place of Business
3745 N. LECANTO HWY.
BEVERLY HILLS, FL 34465

Mailing Address
3745 N. LECANTO HWY.
BEVERLY HILLS, FL 34465

2. Principal Place of Business

3. Mailing Address
PO BOX 640088

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07122004

Chg-P

CR2E034 (10/03)

City & State

City & State
BEVERLY HILLS, FL

4. FEI Number
65-0798474

Applied For
Not Applicable

Zip

Country

Zip

Country

34464

usa

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

6. Name and Address of Current Registered Agent

ALUGUBELLI, VENTKATR
3355 W PEBBLE BEACH CT
LECANTO, FL 34461

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, 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 8, 2004

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 PS
NAME ALUGUBELLI, VENTKATR ☐ Delete
STREET ADDRESS 3355 W PEBBLE BEACH
CITY-ST-ZIP LECANTO, FL 34461

TITLE VT
NAME PATEL, BHADRESH K. ☐ Delete
STREET ADDRESS 5368 N RED RIBBON PT
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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 exemption stated in Section 607.193(2)(a), F.S. 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 that of the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, as it appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #