## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000005025

Entity Name: JAY BHOLA, INC.

FILED Apr 12, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1400 NORTH ATLANTIC AVE DAYTONA BEACH, FL 32118 **Current Mailing Address: New Mailing Address:** 1400 NORTH ATLANTIC AVE DAYTONA BEACH, FL 32118 FEI Number: 59-3487594 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, MAHENDRA 101 WÉST BURLEIGH BLVD. TAVARES, FL 32778 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PATEL, MINA Name: Name: 1400 N ATLANTIC AVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32118 City-St-Zip: VΡ Title: Title: () Delete () Change () Addition Name: PATEL. MAHENDRA Name: 1400 N. ATLANTIC AVE Address: Address: DAYTONA BEACH, FL 32118 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PATEL, MAHENDRA Name: Name: 1515 S. RIDHEWOOD AVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: Title: () Delete Title: () Change () Addition PATEL, MOHAN Name: Name: Address: 484 S ATLANTIC AVE Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: Title: () Delete () Change () Addition PATEL, PRADIP Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MIKE PATEL P 04/12/2004

640 S RIDGEWOOD AVE

DAYTONA BEACH, FL 321147

Address: City-St-Zip: