

04271999-90036-033-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 OCT 20 AM 9: 52

SECRETARY OF STATE



4/27/09 90036/033 \$150.00 DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000007413

1. Corporation Name SHREE GANESH, INC., OF HUDSON

Principal Place of Business 8800 S. R. 52 HUDSON FL 34867 Mailing Address 8800 S. R. 52 HUDSON FL 34867

2. Principal Place of Business 21 8800 S. R. 52 2a. Mailing Address 26 Plaza cleaner Suits, Apt. #, etc. 27 8800 S. R. 52 City & State 23 Hudson, FL City & State 28 Hudson, FL Zip 24 34667 Country 25 USA Zip 29 34667 Country 30 USA

3. Date Incorporated or Qualified 01/22/1998 4. FEI Number 59-3488979 Applied For Not Applicable 5. Certificate of Status Desired \$0.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent PATEL, ASHWIN 8800 S. R. 52 HUDSON FL 34867

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 1.1 TITLE D 1.2 NAME PATEL, ASHWIN 1.3 STREET ADDRESS 8800 S. R. 52 1.4 CITY-ST-ZIP HUDSON FL 34867 2.1 TITLE D 2.2 NAME PATEL, SANDHYA 2.3 STREET ADDRESS 8800 S. R. 52 2.4 CITY-ST-ZIP HUDSON FL 34867

13. ADDITIONAL OFFICERS AND DIRECTORS IN 12 1.1 TITLE D 1.2 NAME Michelle M. Mutz 1.3 STREET ADDRESS 5317 US 19 1.4 CITY-ST-ZIP NEWPORT RICHEY 34653 2.1 TITLE D 2.2 NAME William R. Mutz 2.3 STREET ADDRESS 5317 US 19 2.4 CITY-ST-ZIP NEWPORT RICHEY 34653 4.1 TITLE LS 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A J GIBB SIGNATURE REQUIRED PATEL 727862281