## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 18, 2008 08:00 AN Secretary of State DOCUMENT # P98000033521 1. Entity Name NEELKANTH MOTEL INC Principal Place of Business Mailing Address 405 NW SANTA FE BLVD 405 NW SANTA FE BLVD HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 3. Mailing Address 2. Principal Place of Business - No P.C. Box # Suite, Apt. #, etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-3503809 Not Applicable $Z_{iD}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, RASHMI N Street Address (P.O. Box Number is Not Acceptable) 405 NW SANTA FE BLVD HIGH SPRINGS FL 32643 Zip Code 8. The above named entity subtrigits 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 colligations of registered A 2-15-68 anio of registered enset and title it emplicable (NOTE: Registered Against product required when reinstaturig) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. 1 [ Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ De!ete THEF Change Addition NAME PATEL, RASHMI N STREET ADDRESS 405 NW SANTA FE BLVD STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS FL 32643 CITY-ST-ZIP 000000831955 02/27/08-80038-019 158.75 TITLE Derete TILE STREET ADDRESS STREFT ADDRESS OTTY - ST- 717 CHY-ST-ZIP Change Addition ☐ Derete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZI> CITY-ST-ZIP Deiete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-\$1-212 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CiTY-\$1-2IP CITY-ST-ZIP 1111.6 Defete TIFLE ☐ Change Addition NAME NAME STREET ACCRESS STREET ADDRESS ONY STAZIS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier cental 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.

386-454-1701 Daystrio Grove #

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ED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR