

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000068428

1. Entity Name
ANITA, INC.



Principal Place of Business
4486 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429

Mailing Address
2715 CROSS RD PARKWAY
FORT PIERCE, FL 34945



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3562328
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESAI, ANIL
1170 SW MIRRORLAKE COVE
PORT SAINT LUCIE, FL 34986

**DO NOT WRITE
IN THIS SPACE**

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 *Anjana Desai*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DESAI, PARESH
STREET ADDRESS	507 NW 9TH AVE
CITY - ST - ZIP	CRYSTAL RIVER, FL 34428
TITLE	D
NAME	DESAI, ANIL
STREET ADDRESS	1170 SW MIRROR LAKE COVE
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986
TITLE	ST
NAME	PATEL, MAYUR
STREET ADDRESS	1020 S.E. 3RD AVE
CITY - ST - ZIP	CRYSTAL RIVER, FL 34429
TITLE	D
NAME	DESAI, ANJANA
STREET ADDRESS	1170 SW MIRROR LAKE COVE
CITY - ST - ZIP	PORT SAINT LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/10/04-80046-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Anjana Desai*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04 772-595-6080
Date Daytime Phone #