

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90039 006 ***150.00

DOCUMENT # P98000071470

1. Entity Name

TEERTH, INC.



Principal Place of Business

2916 US HIGHWAY 90 WEST
LAKE CITY FL 32055

Mailing Address

2916 US HIGHWAY 90 WEST
LAKE CITY FL 32055

2. Principal Place of Business

3. Mailing Address

648 6th Street Circle East



Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOORE

CR2E034 (11/03)

City & State

City & State

Bradenton FL

4. FEI Number

59-3530235

Applied For

Not Applicable

Zip

Country

Zip

34208

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, JITEN
4450 U.S. HIGHWAY 90 WEST
LAKE CITY FL 32055

Name

JITEN PATEL

Street Address (P.O. Box Number is Not Acceptable)

648 6th Street Circle East

City

Bradenton

FL

Zip Code

34208

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

Jiten Patel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/04/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PATEL, JITEN
STREET ADDRESS 4450 U.S. HIGHWAY 90 WEST
CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

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

TITLE S
NAME PATEL, KIRTI
STREET ADDRESS 4450 U.S. HIGHWAY 90 WEST
CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

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:

Jiten Patel
JITEN PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/04 (941) 748-6610