

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000076871	
1. Entity Name DARSHANA, INC.	

Principal Place of Business 1920 PARENTAL HOME ROAD JACKSONVILLE, FL 32216	Mailing Address 1920 PARENTAL HOME ROAD JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 69-3531017	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAH, DARSHANA
10033 ECTAN LANE
JACKSONVILLE, FL 32246**

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

(NOTE: Registered Agent signature required when resigning)

04/26/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PVTS	NAME SHAH, DARSHANA
STREET ADDRESS 110033 ECTON LANE	CITY-ST-ZIP JACKSONVILLE, FL 32246
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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05/18/06-80030-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Darshana Shah*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

Daytime Phone #