

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000080215

1. Entity Name

PERDIDO KEY HOSPITALITY, INC.



Principal Place of Business

2726 N. MONROE ST.  
TALLAHASSEE, FL 32303 US

Mailing Address

2726 N. MONROE ST.  
TALLAHASSEE, FL 32303 US

FILED

04 MAR -8 AM 11:20

SECRET  
TALLAHASSEE, FLORIDA



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3537473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATEL, SAMIR R  
2726 N. MONROE ST.  
TALLAHASSEE, FL 32303

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

*[Signature]* SAMIR R. PATEL  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/04

**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

100030669571  
7/04--01052--011 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PARSHOTAM, OOMESH  
STREET ADDRESS 7194 PENSACOLA BLVD.  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE DP  
NAME PATEL, JAYESH H  
STREET ADDRESS 1504 S. MCKENZIE ST.  
CITY-ST-ZIP FOLEY, AL 36535

TITLE VTD  
NAME PATEL, SAMIR R  
STREET ADDRESS 2726 N. MONROE ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VSD  
NAME PATEL, KETAN M  
STREET ADDRESS 2121 ADDERBURY LANE  
CITY-ST-ZIP SMYRNA, GA 30082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]* SAMIR R. PATEL, VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/04

850-386-5000