


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000103726</b> 1. Entity Name <b>SHREE GANESH INC. OF OVIEDO</b>	
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Principal Place of Business <b>TINDER BOX 1020 OVIEDO MARKET PLACE OVIEDO, FL 32765</b>	Mailing Address <b>231 RUBYLAKE LANE WINTER HAVEN, FL 33884</b>
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03032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3547164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PATEL, BHUPENDRA 231 RUBY LAKE LANE WINTER HAVEN, FL 33884</b>
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**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, BHUPENDRA 231 RUBYLAKE LANE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATEL, MAULIK 231 RUBYLAKE LANE WINTER HAVEN, FL 33884
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05/03/04-80029-021 158.75

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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:  BHUPENDRA PATEL 3/9/04 (863)-679-9391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #