

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90005 043 ***150.00

DOCUMENT # P99000015546

1. Entity Name
SHETH ENTERPRISES, INC.



Principal Place of Business
**2600 INTERNATIONAL SPEEDWAY BLVD
DELAND, FL 32724**

Mailing Address
**2600 INTERNATIONAL SPEEDWAY BLVD
DELAND, FL 32724**

50066508



08302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3557030

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHETH, PARTHIV
2600 INTERNATIONAL SPEEDWAY BLVD
DELAND, FL 32724**

**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 \$550.00
Due by September 7, 2005**

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	PTS SHETH, PARTHIV 3436 BOLAGE DR #303 ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAPADIA, NILKANTH 2018 S. CHICKASAW TR. ORLANDO, FL 32825
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	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/05 **407.859.7600**
Date Daytime Phone #