

ANNUAL REPORT

DOCUMENT # P99000021758

1. Entity Name
KRISHNA OF DAYTONA, INC.

Principal Place of Business

315 BELLEVUE AVE.
DAYTONA BEACH, FL 32114

Mailing Address

315 BELLEVUE AVE.
DAYTONA BEACH, FL 32114**DO NOT WRITE IN THIS SPACE**

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3565390Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, HARESH
315 BELLEVUE AVE.
DAYTONA BEACH, FL 32114**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
O
PATEL, HARESH
315 BELLEVUE AVE
DAYTONA BEACH, FL 32114TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
PATEL, KALPANA
315 BELLEVUE AVE
DAYTONA BEACH, FL 32114TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP000000195837
01/26/05-80045-004 150.00**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

Date

Daytime Phone #

1-12-05