

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000029288

1. Entity Name
AMITA CORPORATION



FILED
Mar 10, 2005 08:00 AM
Secretary of State

Principal Place of Business
333 S. FIRST STREET
LAKE WALES, FL 33853

Mailing Address
333 S. FIRST STREET
LAKE WALES, FL 33853



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3570541

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, RAJENDRA
333 SOUTH FIRST STREET
LAKE WALES, FL 33853

**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, 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	P
NAME	PATEL, RAJENDRA
STREET ADDRESS	333 S. FIRST STREET
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	VP
NAME	PATEL, AMITA
STREET ADDRESS	333 S. FIRST STREET
CITY-ST-ZIP	LAKE WALES, FL 33853
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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03/10/05-80023-020 150.00

**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: RAJENDRA PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-05

Date

Daytime Phone #