2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000074937

1. Entity Name
DEWANSHI MOTELS, INC.

Principal Place of Business	Mailing Address
2474 N CITRUS BLVD LEESBURG, FL 34748	2474 N CITRUS BLVD LEESBURG, FL 34748 US

01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3593999
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, MAYUR
2370 N.W. HWY.19
CRYSTAL RIVER, FL 34428

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000029459
02/04/04-80066-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DESAI, PARESH
STREET ADDRESS	507 N.W. 9TH AVE.
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	ST
NAME	PATEL, MAYUR
STREET ADDRESS	1020 SE 3RD AVENUE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D
NAME	PATEL, JITENDRA
STREET ADDRESS	2474 N. CITRUS BLVD.
CITY-ST-ZIP	LEESBURG, FL 34748
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: _____ 1/30/04 352-326-9502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #