

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000074937**

1. Entity Name  
**DEWANSHI MOTELS, INC.**



Principal Place of Business  
**2474 N CITRUS BLVD  
LEESBURG, FL 34748**

Mailing Address  
**2474 N CITRUS BLVD  
LEESBURG, FL 34748 US**



07012005 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

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  
**P  
DESAI, PARESH  
507 N.W. 9TH AVE.  
CRYSTAL RIVER, FL 34428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
PATEL, MAYUR  
1020 SE 3RD AVENUE  
CRYSTAL RIVER, FL 34429**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PATEL, JITENDRA  
2474 N. CITRUS BLVD.  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000370207  
07/05/05-80006-016 550.00

**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

7/1/05 352-326-9002  
Date Daytime Phone #