


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000084626 1. Entity Name ROYAL INN OF ST. PETERSBURG, INC. |  |
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| Principal Place of Business 2646 FOURTH STREET NORTH ST. PETERSBURG, FL 33704 | Mailing Address 2646 FOURTH STREET NORTH ST. PETERSBURG, FL 33704 |
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01162004 No Chg-P CR2E034 (10/03)

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|--|-------------------------------|
| 4. FEI Number 59-3600083 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

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| 6. Name and Address of Current Registered Agent FOSTER, DAVID W 555 FOURTH STREET NORTH ST. PETERSBURG, FL 33701 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PTD PATEL, MAGAN 2646 FOURTH STREET NORTH ST. PETERSBURG, FL 33704 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VSD PATEL, DAMAYANTIBEN 2646 FOURTH STREET NORTH ST. PETERSBURG, FL 33704 |
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02/13/04-80011-025 150.00

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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)(f), 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: MAGAN, P. PATEL 2-9-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #