2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

| DOCU 1. Entity Nan PRANAY | | 59 | | Secretary of Star | te |
|--|---|---|----------------------------|--|----|
| 2307 SW 13 | ce of Business 3TH ST E, FL 32608 | Mailing Address 2307 SW 13TH ST GAINESVILLE, FL 32608 | <u>.</u> | | |
| C | OO NOT WRITE | | CE | D4202005 No Chg-P CR2E034 (10/03) 4. FEI Number | |
| BINGHAM, MARVIN W JR 14811 NW 140TH ST ALACHUA, FL 32615 | | | | DO NOT WRITE IN THIS SPACE | |
| 8. The above | e named entity submits this statement for titions of registered agent. | e purpose of changing its register | ed office or register | ered agent, or both, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE. | Signature, typed or printed name of registered agent and | title If applicable. (NOTE: Registere | d Agent signature required | od when reinstating) OATE | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | | 5.00 May Be U00000336027 ded to Fees 04/27/05-80098-024 150.00 | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, M P 2635 NW 13TH ST GAINESVILLE, FL 32605 D PATEL, S M 2635 NW 13TH ST GAINESVILLE, FL 32605 | RECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | O WILL OVER 1 TO 1 T | | | —DO NOT WRITE IN THIS SPACE | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 4 |
| 12. I hereby certify that the information supplied with this filling 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. | | | | | |
| SIGNAT | URE: SIGNATURE AND TYPED OR PRIN | ED NAME OF SIGNING OFFICER OR DIRECT | OR | 4 25 01 372 371 -9018 Date Daytime Phone # | |