


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S27861</b> 1. Entity Name 8 TILL LATE AT NEPTUNE INC.	
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Principal Place of Business 241 THIRD ST. NEPTUNE BCH., FL 32266 US	Mailing Address 241 THIRD ST. NEPTUNE BCH, FL 32266 US
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**DO NOT WRITE IN THIS SPACE**

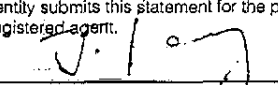


02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3045200	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PARAG, JAYESH 241 3RD STREET NEPTUNE BEACH, FL 32266	<b>DO NOT WRITE IN THIS SPACE</b>
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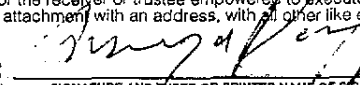
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	3/1/05
SIGNATURE: 	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS BHIKHA, SUNIL 1237 EAST WILLOW OAKS DRIVE JACKSONVILLE BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT PATEL, DILIP Z. 4605 CONFEDERATE OAKS DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PARAG, JAYESH 8720 ROLLING BROOK LN JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000252926  
03/07/05-80014-015 150.00

**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.	3/1/05	904 241 1127
SIGNATURE: 	DATE	Daytime Phone #