

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S27861
1. Entity Name
8 TILL LATE AT NEPTUNE INC.



Principal Place of Business Mailing Address
241 THIRD ST. **241 THIRD ST.**
NEPTUNE BCH., FL 32266 US **NEPTUNE BCH, FL 32266 US**



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3045200 Not Applicable

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

6. Name and Address of Current Registered Agent

PARAG, JAYESH
241 3RD STREET
NEPTUNE BEACH, FL 32266

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	BHIKHA, SUNIL
STREET ADDRESS	1237 EAST WILLOW OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL
TITLE	DT
NAME	PATEL, DILIP Z.
STREET ADDRESS	4605 CONFEDERATE OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	PARAG, JAYESH
STREET ADDRESS	8720 ROLLING BROOK LN
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000440398
03/03/06-80015-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/14/06

Date

904-241-1127

Daytime Phone #