

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90001 037 ***550.00

DOCUMENT # V04526

1. Entity Name
LOTUS, INC.



Principal Place of Business

**C/O PRAFUL PATEL
2800 N. MONROE STREET
TALLAHASSEE, FL 32303-3635**

Mailing Address

**1216 CONSERVANCY DR EAST
TALLAHASSEE, FL 32312**



08202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3112108

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHAUHAN, PRAVIN
39 SCENIC GULF DRIVE
DESTIN, FL 32550**

**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 12, 2008**

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	D CHAUHAN, PRAVIN 39 SCENIC GULF DR DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATEL, PRAFUL 1216 CONSERVANCY DR EAST TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINGLA, MALTI 804 LINDENMALL CIRCLE KNOXVILLE, TN 37922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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

PRAFUL PATEL

8/20/08

**850
264-3132**

Date

Daytime Phone #