

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002495

FILED
Apr 30, 2004
Secretary of State

Entity Name: ALOHA KAI VACATION RENTALS, INC.

Current Principal Place of Business:

6020 MIDNIGHT PASS ROAD
SARASOTA, FL 342423212

New Principal Place of Business:

Current Mailing Address:

6020 MIDNIGHT PASS ROAD
SARASOTA, FL 342423212

New Mailing Address:

FEI Number: 65-0547718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGORIN, EARL
6020 MIDNIGHT PASS RD #57
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

CHASE, BARBARA
1151 COQUILLE STREET
SARASOTA, FL 34242 US

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.

SIGNATURE: BARBARA CHASE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SIMMONS, DELILAH
Address: PO BOX 575
City-St-Zip: HIXSON, TN 37343

Title: VD () Delete
Name: LEGORIN, EARL
Address: 6020 MIDNIGHT PASS RD #57
City-St-Zip: SARASOTA, FL 34242

Title: PD () Delete
Name: FREUND, WILLIAM
Address: 64 CIRCLE DR
City-St-Zip: MILLINGTON, NJ 07946

Title: SD () Delete
Name: VESPRANI, MARIANNE
Address: 951 TIMBER TRAIL
City-St-Zip: CINCINNATI, OH 45224

Title: VD () Delete
Name: CHASE, BARBARA
Address: 6029 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SIMMONS, DELILAH
Address: 4854 POWDER SPRINGS COURT
City-St-Zip: POWDER SPRINGS, GA 30127

Title: PD (X) Change () Addition
Name: OWENS, WALTER
Address: 1635 WAVERLY ROAD
City-St-Zip: TRENTON, MI 48183

Title: VD (X) Change () Addition
Name: FREUND, WILLIAM
Address: 64 CIRCLE DR
City-St-Zip: MILLINGTON, NJ 07946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CHASE, BARBARA
Address: 1151 COQUILLE STREET
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CHASE

TD

04/30/2004

Electronic Signature of Signing Officer or Director

Date