

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000002495

1. Entity Name
ALOHA KAI VACATION RENTALS, INC.



FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90028 032 ***150.00

Principal Place of Business
6020 MIDNIGHT PASS ROAD
SARASOTA, FL 34242-3212

Mailing Address
6020 MIDNIGHT PASS ROAD
SARASOTA, FL 34242-3212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0547718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHASE, BARBARA
1151 COQUILLE STREET
SARASOTA, FL 34242

7. Name and Address of New Registered Agent

Name
Scheffert, Christine

Street Address (P.O. Box Number is Not Acceptable)

888 Blvd of Arts #1204

Sarasota, FL 34236

City

FL

Zip Code

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

Christine Scheffert Christine Scheffert

1-18-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SIMMONS, DELILAH
P.O. BOX 576
HIXSON, TN 37343 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OWENS, WALTER
1635 WAVERLY ROAD
TRENTON, MI 48183 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
FREUND, WILLIAM
25 BUXTON ROAD
CHATHAM, NJ 07928 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VESPRANI, MARIANNE
951 TIMBER TRAIL
CINCINNATI, OH 45224 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHASE, BARBARA
1151 COQUILLE STREET
SARASOTA, FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treas.
Christine Scheffert
888 Blvd of Arts #1204
Sarasota, FL 34236 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretar
Neva Northcraft
2912 McKinnis Ave, NE
Louisville, Ohio 40641 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1st Vice Pres.
Douglas Shippee
50 Crown St
St. John, NB E2L 2X6 Canada ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Christine Scheffert

Christine Scheffert

1-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-953-9756