


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90023 012 ***550.00

DOCUMENT # P95000002495							
1. Entity Name ALOHA KAI VACATION RENTALS, INC.							
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		4. FEI Number 65-0547718			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CHASE, BARBARA 1151 COQUILLE STREET SARASOTA, FL 34242			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMMONS, DELILAH		NAME	Simmons Delilah			
STREET ADDRESS	4854 POWDER SPRINGS COURT		STREET ADDRESS	P.O. Box 575			
CITY-ST-ZIP	POWDER SPRINGS, GA 30127		CITY-ST-ZIP	Hixson TN 37343			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OWENS, WALTER		NAME				
STREET ADDRESS	1635 WAVERLY ROAD		STREET ADDRESS				
CITY-ST-ZIP	TRENTON, MI 48183		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FREUND, WILLIAM		NAME	25 Buxton Road			
STREET ADDRESS	64 CIRCLE DR		STREET ADDRESS	Chatham Township NJ 07928			
CITY-ST-ZIP	MILLINGTON, NJ 07946		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VESPRANI, MARIANNE		NAME				
STREET ADDRESS	951 TIMBER TRAIL		STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI, OH 45224		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHASE, BARBARA		NAME	Chase Barbara			
STREET ADDRESS	1151 COQUILLE STREET		STREET ADDRESS	1151 Coquille Street			
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP	Sarasota FL 34242			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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.							
SIGNATURE: <u>Delilah Simmons</u> <u>Delilah Simmons</u> <u>6/29/05</u>							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							