

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90034 019 ***158.75

DOCUMENT # F01000001115

1. Entity Name
EDWARD D. SULTAN CO., LTD.



Principal Place of Business
**3049 UALENA STREET, 14TH FL
HONOLULU, HI 96819-1942 US**

Mailing Address
**3049 UALENA STREET, 14TH FL
HONOLULU, HI 96819-1942 US**

40004526



01072005 Chg-P CR2E034 (10/03)

4. FEI Number
99-0081236

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAY, TIM
7680 UNIVERSAL BLVD., STE 520
ORLANDO, FL 32819**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **SULTAN JR, EDWARD D**
STREET ADDRESS **1525 WILDER AVE PH2**
CITY-ST-ZIP **HONOLULU, HI 96822**

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

TITLE **D** ☒ Delete
NAME **JOHNSON, HAROLD E**
STREET ADDRESS **744 SHORESIDE DRIVE**
CITY-ST-ZIP **SACRAMENTO, CA 95831**

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

TITLE **PD** ☐ Delete
NAME **SULTAN III, EDWARD D**
STREET ADDRESS **1039 WAIHOLO STREET**
CITY-ST-ZIP **HONOLULU, HI 96821**

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

TITLE **V** ☐ Delete
NAME **BOOKATZ, STEVEN J**
STREET ADDRESS **47-136 UKAKOKO PLACE**
CITY-ST-ZIP **KANEOHE, HI 96744**

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

TITLE **S** ☐ Delete
NAME **FLANAGAN, LINDA L**
STREET ADDRESS **1164 NAMAHEALANI PLACE**
CITY-ST-ZIP **HONOLULU, HI**

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

TITLE **T** ☐ Delete
NAME **PRATER, LAWRENCE S**
STREET ADDRESS **360 KUANALU PLACE**
CITY-ST-ZIP **HONOLULU, HI 96825**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

LS Prater

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/05

(808) 833-7772