


Article # 7003 2260 0007 1201 411

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N37779 1. Entity Name FLORIDA TOKEN KAI, INC.	
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Principal Place of Business C/O CARL M. HALL 17120 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708	Mailing Address C/O CARL M. HALL 17120 GULF BOULEVARD NORTH REDINGTON BEACH, FL 33708
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04242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3018392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CARL M.
17120 GULF BOULEVARD
NORTH REDINGTON BEACH, FL 33708

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

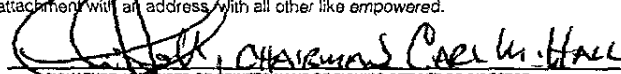
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD HALL, CARL M. 17120 GULF BOULEVARD N. REDINGTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VO HOSTLER, KEITH 133 LAKE THOMAS DR. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDP BAXLEY, TROY 807 SOUTH EDISON TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PLANTAMURA, WILLIAM 7476 132ND WAY NORTH SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAXLEY, PRICELLA 807 SOUTH EDISON TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/04-80151-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, 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:  4/28/04 777-392-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #