

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 20, 2008  
Secretary of State

DOCUMENT# N37779

Entity Name: FLORIDA TOKEN KAI, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3018392      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: HALL, CARL M.,  
Address: 17120 GULF BOULEVARD  
City-St-Zip: N.REDINGTON BEACH, FL

Title: VD      ( ) Delete  
Name: HOSTLER, KEITH,  
Address: 510 ALLERIA CT.  
City-St-Zip: AUBURNDALE, FL 33823

Title: TDP      ( ) Delete  
Name: BAXLEY, TROY,  
Address: 807 SOUTH EDISON  
City-St-Zip: TAMPA, FL

Title: SD      ( ) Delete  
Name: PLANTAMURA, WILLIAM,  
Address: 7476 132ND WAY NORTH  
City-St-Zip: SEMINOLE, FL

Title: D      ( ) Delete  
Name: BAXLEY, PRISCILLA  
Address: 807 SOUTH EDISON  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SA LOPEZ

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CONT

08/20/2008

\_\_\_\_\_ Date