

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-24-2005 90028 044 ****61.25

DOCUMENT # N97000001159	
1. Entity Name KAKUSHA HOME PARK INCORPORATED	



Principal Place of Business 1654 CLEARWATER LARGO ROAD LOT 904 CLEARWATER, FL 33756	Mailing Address 1654 CLEARWATER LARGO ROAD LOT 904 CLEARWATER, FL 33756
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
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	
WILLIAM, MCHALE J 1654 CLEARWATER-LARGO RD. LOT 904 CLEARWATER, FL 33756		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM, DUKE 1654 CLEARWATER-LARGO RD #801 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition MULIA, EVELYN 1654 CLRWTR-LARGO RD LOT 238 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACDONALD, HELEN 1654 CLEARWATER-LARGO RD, #244 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition LITTLEFIELD, FLORENCE 1654 CLRWTR-LARGO RD LOT 204 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KING, EILEEN 1654 CLEARWATER-LARGO RD #405 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition LEWIS, BILL 1654 CLRWTR-LARGO RD LOT 1001 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, CHARLES 1654 CLEARWATER LARGO RD 502 CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition FAUST, ROSEMARIE 1654 CLRWTR-LARGO RD LOT 808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINK, CARL 1654 CLEARWATER LARFORD 806 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Addition CASALE, JOE 1654 CLRWTR-LARGO RD LOT 407 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, JOHN 1654 CLEARWATER LARGO RD #234 CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 William J. Duke 1/20/05 727-585-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #