


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000013710 1. Entity Name KAMAKAOKALANI'S ENTERPRISES, INC.	
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Principal Place of Business 420 SIGNORELLI DRIVE NOKOMIS, FL 34275	Mailing Address 420 SIGNORELLI DRIVE NOKOMIS, FL 34275
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DO NOT WRITE IN THIS SPACE



08282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1078518	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**RANKIN, KAMAKAOKALA
420 SIGNORELLI DRIVE
NOKOMIS, FL 34275**

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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 _____

U00000958799
 09/03/08 0003-001 158.75

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

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES RANKIN, KAMAKAOKALANI 420 SIGNORELLI DRIVE NOKOMIS, FL 34275
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Kamakakalani Rankin Pres.* **Kamakakalani Rankin Pres.** 8-28-08 (941)966-2538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #