04/27/2004 11:02 813336 518 HAROLD A RE

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Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 91041 017 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000003458

1. Entity Name
KAI SYSTEMS, INC.

66426717

Principal Place of Business
~~29610 BRIGHT RAY PLACE~~
~~WESLEY CHAPEL, FL 33543~~

Mailing Address
~~29610 BRIGHT RAY PLACE~~
~~WESLEY CHAPEL, FL 33543~~

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8923 Manor Loop	8923 Manor Loop
Suite, Apt. #, etc. 106	Suite, Apt. #, etc. 106
City & State Bradenton, FL.	City & State Bradenton, FL.
Zip 34202 Country	Zip 34202 Country

4. FEI Number 13-4230317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PERKINS, STANLEY D
29610 BRIGHT RAY PLACE
WESLEY CHAPEL, FL 33543

7. Name and Address of New Registered Agent
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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PERKINS, STANLEY D ~~29610 BRIGHT RAY PLACE~~ ~~WESLEY CHAPEL, FL 33543~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Stan Perkins 8923 Manor Loop #106 Bradenton, FL. 34202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 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: S Perkins 04-29-04 813-927-5626

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