

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90017 006 ***150.00

DOCUMENT # P03000062935

1. Entity Name
CORAL KAI, INC.



Principal Place of Business
**4909 NORMANDY COURT
CAPE CORAL, FL 33904**

Mailing Address
**4909 NORMANDY COURT
CAPE CORAL, FL 33904**

DO NOT WRITE IN THIS SPACE



07022008 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0838154

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RICCELLI, FRANK A
4909 NORMANDY COURT
CAPE CORAL, FL 33904**

← NO CHANGE

**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

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
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 | PTD |
| NAME | RICCELLI, FRANK A |
| STREET ADDRESS | 4909 NORMANDY COURT |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | VSD |
| NAME | RICCELLI, THERESA L |
| STREET ADDRESS | 4909 NORMANDY COURT |
| CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

*ADD SECRETARY
& V.P.*

DELETE

President

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/18/08 239-229-7000

ATTACHMENT 40112095
 # P03000062935

State Certified Residential & Commercial Building Contractor License # CBC1251256

4909 Normandy Court, Cape Coral, Fl. 33904

239-542-5773 fax, 239-437-4343 sales office, 239-229-7000 cellular, frank@coralkai.com

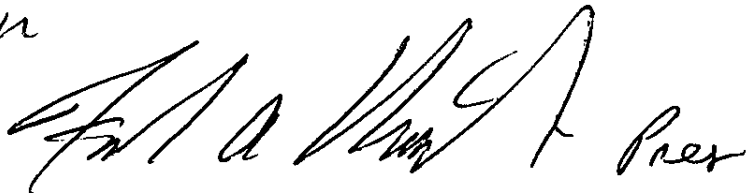
www.coralkai.com

7/2/08

Thank you for the waiver of the \$400 late fee for the 2008 annual report. I or my corporation never received notice and just realized I needed to file my 2008 annual report while at continuing education. Thank you for the extension through Sept. 12, 2008 stated on the printed internet form I have enclosed, along with the payment of \$150.

Frank Riccelli - pres. Coral Kai Inc Doc# P03000062935

ALSO I AM DELETING MY MOM AS VICE PRES
AND SECRETARY, SHE IS ILL WITH DIMONIA
THANK YOU

 Pres