## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 29, 2008 8:00 am Secretary of State **DOCUMENT # P04000129038** 07-29-2008 90010 035 \*\*\*150.00 1. Entity Name KHAKI, INC. Principal Place of Business Mailing Address PO BOX 6865 PO BOX 6865 MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 04202008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1613275 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEHMAN, CARMEN DO NOT WRITE 4748 OCEAN BLVD IN THIS SPACE DESTIN, FL 32541 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEHMAN, CARMEN NAME STREET ADDRESS PO BOX 6865 CITY-ST-ZIP MIRAMAR BEACH, FL 32550 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHTY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-\$1-ZIP

12. I hereby certify that the information supplied with this filling 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 attagramment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**