

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000002495

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: ALOHA KAI VACATION RENTALS, INC.

## Current Principal Place of Business:

6020 MIDNIGHT PASS ROAD  
SARASOTA, FL 342423212

## New Principal Place of Business:

## Current Mailing Address:

6020 MIDNIGHT PASS ROAD  
SARASOTA, FL 342423212

## New Mailing Address:

FEI Number: 65-0547718      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAGORIN, EARL  
6020 MIDNIGHT PASS RD #57  
SARASOTA, FL 34242 US

## Name and Address of New Registered Agent:

CHASE, BARBARA  
1151 COQUILLE STREET  
SARASOTA, FL 34242 US

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.

SIGNATURE: BARBARA CHASE

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: SIMMONS, DELILAH  
Address: PO BOX 575  
City-St-Zip: HIXSON, TN 37343

Title: VD ( ) Delete  
Name: LEGORIN, EARL  
Address: 6020 MIDNIGHT PASS RD #57  
City-St-Zip: SARASOTA, FL 34242

Title: PD ( ) Delete  
Name: FREUND, WILLIAM  
Address: 64 CIRCLE DR  
City-St-Zip: MILLINGTON, NJ 07946

Title: SD ( ) Delete  
Name: VESPRANI, MARIANNE  
Address: 951 TIMBER TRAIL  
City-St-Zip: CINCINNATI, OH 45224

Title: VD ( ) Delete  
Name: CHASE, BARBARA  
Address: 6029 MIDNIGHT PASS RD.  
City-St-Zip: SARASOTA, FL 34242

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: SIMMONS, DELILAH  
Address: 4854 POWDER SPRINGS COURT  
City-St-Zip: POWDER SPRINGS, GA 30127

Title: PD (X) Change ( ) Addition  
Name: OWENS, WALTER  
Address: 1635 WAVERLY ROAD  
City-St-Zip: TRENTON, MI 48183

Title: VD (X) Change ( ) Addition  
Name: FREUND, WILLIAM  
Address: 64 CIRCLE DR  
City-St-Zip: MILLINGTON, NJ 07946

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: CHASE, BARBARA  
Address: 1151 COQUILLE STREET  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CHASE

TD

04/30/2004

Electronic Signature of Signing Officer or Director

Date