

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000044591**

1. Entity Name  
**SARASOTA AIKIKAI, INC.**



Principal Place of Business

**2105 12TH ST  
SARASOTA, FL 34237 US**

Mailing Address

**5120 ADMIRAL PL  
SARASOTA, FL 34231 US**



03302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0837170** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MERKLE, BRUCE C D  
5120 ADMIRAL PLACE  
SARASOTA, FL 34231**

**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  
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

TITLE D  
NAME MERKLE, BRUCE C  
STREET ADDRESS 5120 ADMIRAL PLACE  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D  
NAME MCPECK, STEVE  
STREET ADDRESS 1074 22ND ST  
CITY-ST-ZIP SARASOTA, FL 34234

TITLE D  
NAME JONES, DUANE  
STREET ADDRESS 1946 9TH ST  
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D  
NAME POTTER, ED  
STREET ADDRESS 823 SIMMONS AVE  
CITY-ST-ZIP SARASOTA, FL 34237

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000110573  
04/12/04-80088-023 150.00

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IN THIS SPACE**

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:**

*Bruce Merkle* **BRUCE MERKLE**

**3-30-04**

Date

Daytime Phone #