

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90082 044 ***150.00

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01132005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000027010					
1. Entity Name ALKCORP, INC.					
Principal Place of Business 10926 SW BLUE MESA WAY PORT SAINT LUCIE, FL 34987 US			Mailing Address 10926 SW BLUE MESA WAY PORT SAINT LUCIE, FL 34987 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0417773	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KLASCHUS, ARNOLD L 2306 BEAR POINT WEST PALM BEACH, FL 33409			Name Street Address (P.O. Box Number is Not Acceptable) 10926 SW Blue Mesa Way City Port St. Lucie FL Zip Code 34987		
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: <i>Arnold J. Klaschus</i>			DATE: 1/31/05		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLASCHUS, ARNOLD L	NAME			
STREET ADDRESS	2306 BEAR POINT	STREET ADDRESS	10926 SW Blue Mesa Way		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	Port St. Lucie, FL 34987		
TITLE	VST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLASCHUS, TERESA M	NAME			
STREET ADDRESS	2306 BEAR POINT	STREET ADDRESS	10926 SW Blue Mesa Way		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	Port St. Lucie, FL 34987		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Terresa M. Klaschus</i>			DATE: 1.31.05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # 772-345-0800		