


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90080 027 ***150.00

DOCUMENT # P93000027010

1. Entity Name
ALKCORP, INC.



Principal Place of Business Mailing Address

10926 SW BLUE MESA WAY **10926 SW BLUE MESA WAY**
PORT SAINT LUCIE, FL 34987 US **PORT SAINT LUCIE, FL 34987 US**

40038350



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

991 SW Squire Johns Lane **991 SW Squire Johns Lane**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03022007 Chg-P CR2E034 (12/06)

City & State City & State

Palm City FL **Palm City FL**

Zip Country Zip Country

34990 MARTIN **34990 MARTIN**

4. FEI Number Applied For

65-0417773 Not Applicable

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

6. Name and Address of Current Registered Agent

KLASCHUS, ARNOLD L
~~**10926 SW BLUE MESA WAY**~~
~~**PORT SAINT LUCIE, FL 34987**~~

7. Name and Address of New Registered Agent

Name: **Klaschus, Arnold L.**
 Street Address (P.O. Box Number not Acceptable): **991 SW Squire Johns Lane**
 City: **Palm City** FL Zip Code: **34990**

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: *Arnold L. Klaschus* DATE: _____

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KLASCHUS, ARNOLD L	
STREET ADDRESS	10926 SW BLUE MESA WAY	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987	
TITLE	VST	<input type="checkbox"/> Delete
NAME	KLASCHUS, TERESA M	
STREET ADDRESS	10926 SW BLUE MESA WAY	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	991 SW Squire Johns Lane	
CITY-ST-ZIP	Palm City FL 34990	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	991 SW Squire Johns Lane	
CITY-ST-ZIP	Palm City FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Arnold L. Klaschus* Date: **3.14.07** Daytime Phone #: **772.597.1280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR