

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M87180

**Entity Name:** ALKRIS, INC.

**Current Principal Place of Business:**

2460 STICKNEY PT. ROAD  
SARASOTA, FL 34231

**Current Mailing Address:**

4459 MEADOW CREEK CIRCLE  
SARASOTA, FL 34233 US

**FEI Number:** 65-0063714

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LINDA KIRBY  
2460 STICKNEY PT RD  
SARASOTA, FL 34231 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

|                 |                          |                 |                               |
|-----------------|--------------------------|-----------------|-------------------------------|
| Title           | P                        | Title           | V                             |
| Name            | KIRBY, LINDA             | Name            | KIRBY- THOMAS, LINDA KRISTINE |
| Address         | 4459 MEADOW CREEK CIRCLE | Address         | 4459 MEADOW CREEK CIRCLE      |
| City-State-Zip: | SARASOTA FL 34233        | City-State-Zip: | SARASOTA FL 34233             |

*I hereby 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 all other like empowered.*

**SIGNATURE:** LINDA KIRBY

**PRES**

**04/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date