

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 847793**

1. Entity Name  
**A.A.K. CORPORATION**



Principal Place of Business  
**219 STRATFORD DRIVE  
WINTER SPRINGS, FL 32708**

Mailing Address  
**219 STRATFORD DRIVE  
WINTER SPRINGS, FL 32708**

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**36-2661497**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**VOLL, KENNETH M.  
219 STRATFORD DR.  
WINTER SPRINGS, FL 32708**

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	VOLL, KENNETH M.
STREET ADDRESS	219 STRATFORD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	SD
NAME	VOLL, ARLENE A.
STREET ADDRESS	219 STRATFORD
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000840845  
05/28/08-80083-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

**KENNETH M. VOLL**

Date

Daytime Phone #