2004 FOR PROFIT CORPORATION ANNUAL REPORT

P3 / 2

DOCUMENT # F91667

1. Entity Name
AKAN CORPORATION

8/27/2004-90008-004-$158.75-$158.75

FILED
04 OCT 15 AM 8:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1089 NW 54TH STREET MIAMI, FL 33127	1089 NW 54TH STREET MIAMI, FL 33127

2. Principal Place of Business	3. Mailing Address
	P.O. Box 371275
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami FL
Zip / Country	Zip: 33137 / Country: DADE

08232004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2283833 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HITCHMON, JOHN E., SR.
1089 NW 54TH STREET
MIAMI, FL 33127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	HITCHMON, JOHN E., SR.	
STREET ADDRESS	1089 NW 54TH STREET	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 all other like empowered.

SIGNATURE: John E. Hitchmon Sr. 8-23-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P9202

memo

Date: 10/9/04

To: FLORIDA DEPARTMENT OF STATE

ATT. Tina

From: Akan Corporation

RE: Reinstatement

We are enclosing pages (1) and (2) form #F91667 on August 23, 2004, that we downloaded from www. Sunbiz.org because we did not receive prior notice. Please reinstate.

Thanking you for your cooperation.

Akan Corporation,

John E. Hitchmon

John E. Hitchmon, Sr.

Enclosure