

2004 FOR PROFIT CORPORATION ANNUAL REPORT

PS 122

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 1089 NW 54TH STREET MIAMI, FL 33127	Mailing Address 1089 NW 54TH STREET MIAMI, FL 33127
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2. Principal Place of Business	3. Mailing Address P.O. Box 371275
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08232004 Ctp-P CR2E034(10/03)

City & State Miami FL	City & State Miami FL
Zip 33137	Country DADE

4. FEI Number
59-2283833

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	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. This 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HITCHMON, JOHN E., SR. 1089 NW 54TH STREET MIAMI, FL 33127 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 prepare 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: **JOHN E. HITCHMON, SR.** **8-23-04**
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUED OFFICER OR DIRECTOR Date Depository Phone #

19282

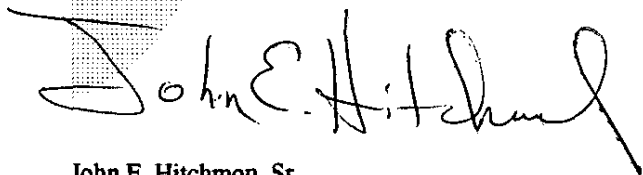
memo

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. Sumbiz.org](http://www.Sumbiz.org) because we did not receive prior notice. Please reinstate.

Thanking you for your cooperation.

Akan Corporation,



John E. Hitchmon, Sr.

Enclosure