

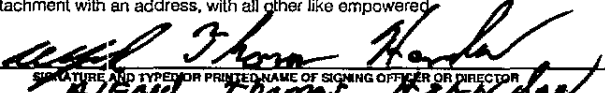


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L09460</b> 1. Entity Name AKIC, INC.				
Principal Place of Business % ALFRED THOMAS HERNDON 7255 S ALOYSIA AVE FLORAL CITY, FL 34436 US		Mailing Address % ALFRED THOMAS HERNDON 7255 S ALOYSIA AVE FLORAL CITY, FL 34436 US		
<b>DO NOT WRITE IN THIS SPACE</b>				
				 01052004 No Chg-P CR2E034 (10/03)
<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number 59-2963285		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  HERNDON, ALFRED THOMAS 7255 S ALOYSIA AVE FLORAL CITY, FL 34436		<b>DO NOT WRITE IN THIS SPACE</b>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  11000000000662 01/09/04-80006-019 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HERNDON, ALFRED THOMAS 7255 S ALOYSIA AVE FLORAL CITY FL,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HERNDON, KATHRYN 7255 S ALOYSIA AVE FLORAL CITY, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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 an address, with all other like empowered				
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-5-04 352-637-2880 <small>Date Daytime Phone #</small>		