

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L09460

Entity Name: AKIC, INC.

FILED
Jan 20, 2007
Secretary of State

Current Principal Place of Business:

% ALFRED THOMAS HERNDON
7255 S ALOYSIA AVE
FLORAL CITY, FL 34436 US

New Principal Place of Business:

Current Mailing Address:

% ALFRED THOMAS HERNDON
7255 S ALOYSIA AVE
FLORAL CITY, FL 34436 US

New Mailing Address:

FEI Number: 59-2963285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNDON, ALFRED THOMAS
7255 S ALOYSIA AVE
FLORAL CITY, FL 34436 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HERNDON, ALFRED THOM, AS
Address: 7255 S ALOYSIA AVE
City-St-Zip: FLORAL CITY, FL

Title: AS () Delete
Name: HERNDON, KATHRYN
Address: 7255 S ALOYSIA AVE
City-St-Zip: FLORAL CITY, FL

Title: AS () Delete
Name: HERNDON, CYNTHIA H
Address: 7255 S ALOYSIA AVE
City-St-Zip: FLORAL CITY, FL 34436

Title: AS () Delete
Name: HENKE, MELISSA H
Address: 4000 SW 47THG ST LOT H-18
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HERNDON, ALFRED THOM, AS
Address: 7255 S ALOYSIA AVE
City-St-Zip: FLORAL CITY, FL 34436 US

Title: AS (X) Change () Addition
Name: HERNDON, KATHRYN
Address: 7255 S ALOYSIA AVE
City-St-Zip: FLORAL CITY, FL 34436 US

Title: AS (X) Change () Addition
Name: HERNDON, CYNTHIA H
Address: 7255 S ALOYSIA AVE
City-St-Zip: FLORAL CITY, FL 34436 US

Title: AS (X) Change () Addition
Name: HENKEL, MELISSA H
Address: 14 S.E. 7TH AVE.
City-St-Zip: WILLISTON, FL 32696 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALFRED THOMAS HERNDON

DP

01/20/2007

Electronic Signature of Signing Officer or Director

_____ Date