

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000274

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: AK PROGRAMS, INC.

**Current Principal Place of Business:**

19611 SW 88 LOOP  
DUNNELLON, FL 34432

**New Principal Place of Business:**

**Current Mailing Address:**

19611 SW 88 LOOP  
DUNNELLON, FL 34432

**New Mailing Address:**

FEI Number: 54-2141997      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LUBER, CLIFTON J  
19611 SW 88 LOOP  
DUNNELLON, FL 34432      US

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

**OFFICERS AND DIRECTORS:**

Title: BCD ( ) Delete  
Name: LUBER, CLIFTON J  
Address: 19611 SW 88 LOOP  
City-St-Zip: DUNNELLON, FL 34432

Title: VCD ( ) Delete  
Name: MIRANTO, JEAN  
Address: 8926 SW 192 CT. RD.  
City-St-Zip: DUNNELLON, FL 34432

Title: STD ( ) Delete  
Name: LUBER, LEA  
Address: 19611 SW 88 LOOP  
City-St-Zip: DUNNELLON, FL 34432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFF LUBER

BCD

07/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date