


2004 FOR PROFIT CORPORATION ANNUAL REPORT

6/8

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-08-2004 90002 007 ***150.00

DOCUMENT # P0000067735			
1. Entity Name AK CONSULTING, INC.			
Principal Place of Business P.O. BOX 22266 TAMPA, FL 33622		Mailing Address P.O. BOX 22266 TAMPA, FL 33622	
2. Principal Place of Business		3. Mailing Address 2807 W. Busch Blvd. Suite, Apt. #, etc. Suite 103 City & State Tampa, Florida Zip 33618 Country USA	
Suite, Apt. #, etc.		05072004 Chg-P CR2E034 (10/03)	
City & State		4. FEI Number 59-3856655	
Zip		Applied For Not Applicable	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KERNER, ALLISON R P.O. BOX 22266 TAMPA, FL 33622		7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2807 W. Busch Blvd. Suite 103 City Tampa FL Zip Code 33618	
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 <u>Allison Kerner</u> DATE <u>6/12/04</u> <small>Signature: Type or print name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KERNER, ALLISON R P.O. BOX 22266 TAMPA, FL 33622 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Allison Kerner</u>		Date <u>6/1/04</u> 813-785-9988	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	