

FILED  
Feb 02, 2005 8:00 am  
Secretary of State

02-02-2005 90033 011 \*\*\*158.75

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000003890

1. Entity Name  
AKEL, INC.



Principal Place of Business  
7818B N. ARMENIA AVE.  
TAMPA, FL 33604

Mailing Address  
7818B N. ARMENIA AVE  
TAMPA, FL 33604

40010440



01202005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3414917

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEER, ALAN K CPA  
7401 D TEMPLE TERRACE HWY.  
TAMPA, FL 33637

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MELENDI, KELLY ☐ Delete  
STREET ADDRESS 225 NORTH ST.  
CITY- ST- ZIP TAMPA, FL 33604

TITLE VD  
NAME PEREZ, KATHIE ☐ Delete  
STREET ADDRESS 348 MORGAN ST 2831 N. Morgan St  
CITY- ST- ZIP TAMPA, FL 33603 33602

TITLE SEC  
NAME FERNANDEZ, BRENDA ☒ Delete  
STREET ADDRESS 6925 N. FLORIDA AVE.  
CITY- ST- ZIP TAMPA, FL 33614

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE VD / T ☒ Change ☐ Addition  
NAME Perez, Kathie  
STREET ADDRESS 2831 N. Morgan St  
CITY- ST- ZIP Tampa, FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathie Perez 1-28-05 813-933-0345