

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90181 004 ***150.00

DOCUMENT # P02000066581

1. Entity Name
ALIKYE, INC.



60033331



Principal Place of Business
**12890 METRO PARKWAY
FORT MYERS, FL 33912**

Mailing Address
**C/O ROBERT D. ROYSTON, JR.
POST OFFICE DRAWER 60205
FORT MYERS, FL 33906**

2. Principal Place of Business - No P.O. Box #

**Cl. John M Wicker
PO Drawer 60205**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

Country

33906

USA

01182008

Chg-P

CR2E034 (12/06)

4. FEI Number
16-1618277

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

**ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907**

Name

**JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907**

Street

City

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 (if registered agent and not applicable)

(INDICATE REGISTERED AGENT TYPE: REGISTERED AGENT OR SECRETARY)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**VPT
KNAPP, KEVIN K
14638 ARIES WAY DR.
FORT MYERS, FL 33912** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PS
KNAPP, LANA FAYE
14638 ARIES WAY DR.
FORT MYERS, FL 33912** ☐ Delete

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4/29/08