

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

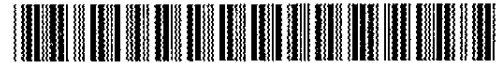
DOCUMENT # P02000094715

1. Entity Name
ALKINLO, INC.



Principal Place of Business
5324 KARLSBURG PLACE
PALM HARBOR, FL 34685

Mailing Address
5324 KARLSBURG PLACE
PALM HARBOR, FL 34685



03222004

☐ FEE EXEMPT

☐ FEE EXEMPT BY OTHER METHOD

4. FEI Number
41-2075412

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 FEE
FEE EXEMPT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTIN, JOHN P ESQ
401 S LINCOLN AVE
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 FEE
FEE EXEMPT

1100000122285
04/21/04-80021-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, GARDNER R JR 5324 KARLSBURG PLACE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 #

4-15-04 727-242-8958