

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90023 007 \*\*\*158.75

**DOCUMENT # P03000041736**

1. Entity Name  
**AKRB CORPORATION**



Principal Place of Business  
**1409 KINGSLEY AVENUE  
SUITE D  
ORANGE PARK, FL 32073**

Mailing Address  
**1409 KINGSLEY AVENUE  
SUITE D  
ORANGE PARK, FL 32073**

**24018344**



2. Principal Place of Business  
**2233 PARK AVE.**

3. Mailing Address  
**2233 PARK AVE**

Suite, Apt. #, etc.  
**STE. 500**

Suite, Apt. #, etc.  
**STE. 500**

03032004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**562351566**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**RIVERS, EUGENE  
1520 KILLEARN CENTER BLVD.  
TALLAHASSEE, FL 32309**

## 7. Name and Address of New Registered Agent

Name **RIVERS, EUGENE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2233 PARK AVE**  
**STE 500**  
City **ORANGE PARK** FL Zip Code **32073**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/4/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	RIVERS, EUGENE III	
STREET ADDRESS	1409 KINGSLEY AVENUE #D	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KAHLE, SANDRA	
STREET ADDRESS	1409 KINGSLEY AVENUE #D	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALTAR, PAT	
STREET ADDRESS	1409 KINGSLEY AVENUE #D	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERS, EUGENE III	
STREET ADDRESS	2233 PARK AVE, STE 500	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLE, SANDRA	
STREET ADDRESS	2233 PARK AVE, STE 500	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTERS, PAT	
STREET ADDRESS	2233 PARK AVE, STE 500	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

**SANDRA C. KAHLE 3/4/04 904-541-0180**