

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000131697  
 1. Entity Name  
 AKL CONSTRUCTION INC.



Principal Place of Business      Mailing Address  
 1809 DUBLIN RD                      1809 DUBLIN RD  
 DELTONA, FL 32738                  DELTONA, FL 32738



03112005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 20-0424415      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LOCKREM, ALLEN  
 1809 DUBLIN RD  
 DELTONA, FL 32738

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	PVP
NAME	LOCKREM, ALLEN
STREET ADDRESS	1809 DUBLIN RD
CITY - ST - ZIP	DELTONA, FL 32738
TITLE	S
NAME	MARTIN, TIMOTHY
STREET ADDRESS	1809 DUBLIN RD
CITY - ST - ZIP	DELTONA, FL 32738
TITLE	T
NAME	TAYLOR, JOEL
STREET ADDRESS	1809 DUBLIN RD
CITY - ST - ZIP	DELTONA, FL 32738
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000345601  
 04/30/05-80043-006 150.00

**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: Alan Lockrem    ALAN LOCKREM    4/27/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #