


**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 1809 DUBLIN RD DELTONA, FL 32738	Mailing Address 1809 DUBLIN RD DELTONA, FL 32738	
DO NOT WRITE IN THIS SPACE		



03112005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0424415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOCKREM, ALLEN 1809 DUBLIN RD DELTONA, FL 32738
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**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 NAME STREET ADDRESS CITY - ST - ZIP	PVP LOCKREM, ALLEN 1809 DUBLIN RD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARTIN, TIMOTHY 1809 DUBLIN RD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TAYLOR, JOEL 1809 DUBLIN RD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 # _____