

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90064 041 ***150.00

DOCUMENT # P03000156561

1. Entity Name
IRIKOM, INC



401

Principal Place of Business
11711 RED HIBISCUS DRIVE
BONITA SPRINGS, FL 34135

Mailing Address
11711 RED HIBISCUS DRIVE
BONITA SPRINGS, FL 34135



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-0492410

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

7. Name and Address of New Registered Agent

MARSLAND, WILLIAM
27657 OLD US 41 ROAD
BONITA SPRINGS, FL 34135

Name
PATRICK B. ASSEY, J.D., CPA

Street Address (P.O. Box Number is Not Acceptable)
9240 BONITA BEACH ROAD, SUITE 2209

City
BONITA SPRINGS

FL

Zip Code
34135

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

4/8/08

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-ST-ZIP
P
LOUTFY, SAMIR C
11771 RED HIBISCUS DRIVE
BONITA SPRINGS, FL 34135

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KISELYOVA, IRINA
11771 RED HIBISCUS DRIVE
BONITA SPRINGS, FL 34135

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ 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, or all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME

TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/28/08