

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109991

Entity Name: AKKAN, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

550 MARY ESTHER CUT-OFF
STE. #L4
FORT WALTON BEACH, FL 32548 US

Current Mailing Address:

550 MARY ESTHER CUT-OFF
STE. #L4
FORT WALTON BEACH, FL 32548 US

FEI Number: 20-3272807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKKAN, SADI
9577 NAPLES LN
NAVARRE, FL 32566 US

New Principal Place of Business:

550 MARY ESTHER CUT-OFF
STE. #14
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

550 MARY ESTHER CUT-OFF
STE. #14
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: AKKAN, SADI
Address: 9577 NAPLES LN
City-St-Zip: NAVARRE, FL 32566 US

Title: VPTD () Delete
Name: AKKAN, SAMI
Address: 603 COLONIAL DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: AKKAN, SAMI
Address: 909 SANTA ROSA BLVD. #233
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: VPSD () Change (X) Addition
Name: UNVER, KAYHAN O MR.
Address: 32 CAPE DRIVE APT B
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMI AKKAN

VPTD

03/25/2009

Electronic Signature of Signing Officer or Director

Date