


2008 FOR PROFIT CORPORATION ANNUAL REPORT

7/1 **FILED**
Aug 05, 2008 8:00 am
Secretary of State

07-16-2008 90009 048 ***150.00

DOCUMENT # P07000135610					
1. Entity Name AKOM FINANCIAL CONSULTANTS, INC.					
Principal Place of Business 3370 CAPITAL CIRCLE N.E. SUITE D TALLAHASSEE, FL 32308 US			Mailing Address 3370 CAPITAL CIRCLE N.E. SUITE D TALLAHASSEE, FL 32308 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-1647870	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKOM, ELIZABETH A 3370 CAPITAL CIRCLE N.E. SUITE D TALLAHASSEE, FL 32308			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL	Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when removing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AKOM, ELIZABETH A	NAME			
STREET ADDRESS	3370 CAPITAL CIRCLE N.E. SUITE D	STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32308	CITY - ST - ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AKOM, ROCKNEY W	NAME			
STREET ADDRESS	3370 CAPITAL CIRCLE N.E. SUITE D	STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32308	CITY - ST - ZIP			
TITLE	TRES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AKOM, ROCKNEY W	NAME			
STREET ADDRESS	3370 CAPITAL CIRCLE N.E. SUITE D	STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32308	CITY - ST - ZIP			
TITLE	CHRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AKOM, ELIZABETH A	NAME			
STREET ADDRESS	3370 CAPITAL CIRCLE N.E. SUITE D	STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE, FL 32308	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Elizabeth A. Akom</u>		Date: <u>7-11-08</u>		Debit Phone #: <u>385-5400</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Debit Phone #</small>	

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4. FEI Number **26-1647870** Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

SIGNATURE:

Elizabeth A. Akom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-08
Date

385-5400
Debit Phone #