

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000018149

FILED
Jan 06, 2004
Secretary of State

Entity Name: AMERICAN LOKRING CORPORATION

Current Principal Place of Business:

2525 DUNDEE RD.
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

2525 DUNDEE RD.
POST OFFICE BOX 673
WINTER HAVEN, FL 338820673 US

New Mailing Address:

P.O. BOX 673
WINTER HAVEN, FL 338820673 US

FEI Number: 59-3179555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, JAMES E
ACKERMAN, SENTERFITT & EIDSON, P.A.
255 SOUTH ORANGE AVE 17TH FLOOR
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

FOSTER, JAMES E
AKERMAN SENTERFITT
255 SOUTH ORANGE AVE 17TH FLOOR
ORLANDO, FL 32802 US

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:

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TINKLER, JEFFREY
Address: 2525 DUNDEE ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: HACKFORTH, BERND
Address: D-4690 HERNE
City-St-Zip: HEERSTRASA 66, F.R. GERMANY,

Title: D () Delete
Name: FALZ, ULRICH
Address: D-4690 HERNE
City-St-Zip: HEERSTRASA 66, F.R. GERMANY,

Title: D () Delete
Name: SCHWAIM, DIETER
Address: D-4690 HERNE
City-St-Zip: HEERSTRASA 66, F.R. GERMANY,

Title: T () Delete
Name: GREEN, BARBARA
Address: 2525 DUNDEE RD
City-St-Zip: WINTER HAVEN, FL

Title: P () Delete
Name: FALZ, THOMAS
Address: 2525 DUNDEE RD
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA L. GREEN

T

01/06/2004

Electronic Signature of Signing Officer or Director

Date