

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90186 044 ***150.00

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01112007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3179555 Applied For Not Applicable

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

DOCUMENT # P93000018149

1. Entity Name
AMERICAN LOKRING CORPORATION



Principal Place of Business 2525 DUNDEE RD.
WINTER HAVEN, FL 33884 US
Mailing Address P.O. BOX 673
WINTER HAVEN, FL 33882-0673 US

2. Principal Place of Business - No P.O. Box # 2551 STATE ROAD 60 WEST
Suite, Apt. #, etc. 3. Mailing Address P. O. BOX 1666
Suite, Apt. #, etc.

City & State BARTOW, FL City & State BARTOW, FL

Zip 33830 Country US Zip 33831 Country US

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name FOSTER, JAMES E.
AKERMAN SENTERFITT
Street Address (P.O. Box Numbers Not Acceptable)
420 SOUTH ORANGE AVENUE
City ORLANDO FL Zip Code 32801

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TINKLER, JEFFREY
STREET ADDRESS 2525 DUNDEE ROAD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE D ☐ Delete
NAME HACKFORTH, BERND
STREET ADDRESS D-4690 HERNE
CITY-ST-ZIP HEERSTRASA 66, F.R. GERMANY,

TITLE D ☐ Delete
NAME HACKFORTH, SEBASTIAN
STREET ADDRESS D-4690 HERNE
CITY-ST-ZIP HEERSTRASA 66, F.R. GERMANY,

TITLE S ☐ Delete
NAME HOLETON, SUSAN C
STREET ADDRESS 2525 DUNDEE ROAD
CITY-ST-ZIP WINTER HAVEN, FL 33884

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME TINKLER, JEFFREY
STREET ADDRESS 2551 STATE ROAD 60 WEST
CITY-ST-ZIP BARTOW, FL 33830

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

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

TITLE S ☒ Change ☐ Addition
NAME HOLETON, SUSAN C.
STREET ADDRESS 2551 STATE ROAD 60 WEST
CITY-ST-ZIP BARTOW, FL 33830

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/2007 863-733-9011