2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# P93000018149

Entity Name: AMERICAN LOKRING CORPORATION

Current Principal Place of Business:

2551 STATE RD 60 WEST
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1666
BARTOW, FL 33831 US

New Mailing Address:

FEI Number: 59-3179555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 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:	D	( ) Delete
Name:	TINKLER, JEFFREY	
Address:	2551 STATE RD 60 WEST	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	HACKFORTH, BERND	
Address:	D-4690 HERNE	
City-St-Zip:	HEERSTRASA 66, F.R. GERMANY,	
Title:	D	( ) Delete
Name:	HACKFORTH, SEBASTIAN	
Address:	D-4690 HERNE	
City-St-Zip:	HEERSTRASA 66, F.R. GERMANY,	
Title:	S	( ) Delete
Name:	HOLETON, SUSAN C	
Address:	2551 STATE RD 60 WEST	
City-St-Zip:	BARTOW, FL 33830	
Title:	P	( ) Delete
Name:	TINKLER, JEFFREY	
Address:	2551 STATE RD 60 WEST	
City-St-Zip:	BARTOW, FL 33830	
Title:	T	( ) Delete
Name:	HOLETON, SUSAN	
Address:	2551 STATE RD 60 WEST	
City-St-Zip:	BARTOW, FL 33830	

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 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: JEFFREY TINKLER P 01/09/2009

Electronic Signature of Signing Officer or Director Date