

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90015 035 \*\*\*150.00

<b>DOCUMENT # P93000027010</b>					
<b>1. Entity Name</b> ALKCORP, INC.					
<b>Principal Place of Business</b> 400 EXECUTIVE CENTE DRIVE STE 106 WEST PALM BEACH, FL 33401 US			<b>Mailing Address</b> 400 EXECUTIVE CENTE DRIVE STE 106 STE 7 WEST PALM BEACH, FL 33401 US		
<b>2- Principal Place of Business</b> 10926 SW Blue Mesa Way Suite, Apt. #, etc. Port St. Lucie, FL City & State 34987 USA Zip Country		<b>3- Mailing Address</b> 10926 SW Blue Mesa Way Suite, Apt. #, etc. Port St. Lucie, FL City & State 34987 USA Zip Country			
<b>4. FEI Number</b> 65-0417773		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01162004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> KLASCHUS, ARNOLD L 2306 BEAR POINT WEST PALM BEACH, FL 33409			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P <input type="checkbox"/> Delete NAME: KLASCHUS, ARNOLD L STREET ADDRESS: 2306 BEAR POINT CITY-ST-ZIP: WEST PALM BEACH, FL 33409	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition				
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<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <u>Arnold Lane Klaschus</u> <b>Arnold LANE KLASCHUS</b> 11/6/04/772 (345-0800) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					