


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000005913 1. Entity Name ALKAT, INC.	
---	---

Principal Place of Business 829 FAIRWAY LAKES DR NICEVILLE, FL 32578 US	Mailing Address 829 FAIRWAY LAKES DR NICEVILLE, FL 32578 US
---	---

DO NOT WRITE IN THIS SPACE



03042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3221850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY
SUITE 301
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDS, ALAN R 829 FAIRWAY LAKES DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARDS, KATHE S 829 FAIRWAY LAKES DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000658756
03/16/07-80002-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Alan R Richards - VP ALAN R RICHARDS 3/4/07 810 887-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #