

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90040 050 ***150.00

DOCUMENT # P94000032736

1. Entity Name

AKL OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

23330 HARBORVIEW RD
UNIT F
CHARLOTTE HARBOR FL 33980
US

Mailing Address

P.O. BOX 511248
PUNTA GORDA FL 33951-1248
US

2. Principal Place of Business

23355 Janice Ave ~~Unit 102~~

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 102

City & State

Port Charlotte FL

City & State

Zip Country

Zip 33980

Country Charlotte

4. FEI Number 65-0488518

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, RUSSELL L
1835 CITRON STREET
CHARLOTTE HARBOR FL 33980

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME LEE, RUSSELL L
STREET ADDRESS 1835 CITRON STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☐ Delete

TITLE ST
NAME LEE, VIVIAN R
STREET ADDRESS 1835 CITRON ST
CITY-ST-ZIP CHARLOTTE HARBOR FL ☐ Delete

TITLE VP
NAME ALEXANDRIA, LEE
STREET ADDRESS 1835 CITRON STREET
CITY-ST-ZIP PORT CHARLOTTE FL 33980 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05

941 764-6100

Date

Daytime Phone #