

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 06, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P94000032736**

1. Entity Name  
**AKL OF SOUTHWEST FLORIDA, INC.**



Principal Place of Business  
**23355 JANICE AVE  
UNIT 1 & 2  
CHARLOTTE HARBOR, FL 33980 US**

Mailing Address  
**P.O. BOX 511248  
PUNTA GORDA, FL 33951-1248 US**

**DO NOT WRITE IN THIS SPACE**

**( P94000032736P )**

01042007 No Chg-P CR2E034 (11/05)

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**

**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 \_\_\_\_\_  
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**

**000000694026  
04/17/07-80002-002 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE	DPST
NAME	LEE, RUSSELL L
STREET ADDRESS	1835 CITRON STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980
TITLE	ST
NAME	LEE, VIVIAN R
STREET ADDRESS	1835 CITRON ST
CITY-ST-ZIP	CHARLOTTE HARBOR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *Russell L. Lee* **Pres Russell L. Lee** **2/1/07** **941-764-6100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #