

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90016 010 ***150.00

DOCUMENT # P95000004515

1. Entity Name
ALKIN (FLORIDA) CORPORATION



Principal Place of Business
**1515 RINGLING BLVD
STE 890
SARASOTA, FL 34236 US**

Mailing Address
**1515 RINGLING BLVD
STE 890 C/O GEIMER
SARASOTA, FL 34236 US**

44011141



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3288725

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GEIMER, LARRY
1515 RINGLING BLVD
STE 890
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent

Name
HENDRICKSON, ROBERT W III

Street Address (P.O. Box Number is Not Acceptable)
1206 MANATEE AVENUE WEST

City
BRADENTON FL Zip Code
34205

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 available if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
SISKIND-KELLY, CATHY
STE 303, 252 PALL MALL ST
LONDON, ONTARIO, n6a 5p6** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VST
SISKIND, ROBERT G
STE 303, 252 PALL MALL ST
LONDON, ONTARIO, n6a 5p6** ☐ 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

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
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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert G. Siskind

1/20/04