

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90066 044 \*\*\*150.00

**DOCUMENT # P95000016199**

1. Entity Name  
**A.M. CONKLIN, INC.**



Principal Place of Business  
**3651 ACCESS RD S.  
ENGLEWOOD, FL 34224**

Mailing Address  
**3651 ACCESS RD S.  
ENGLEWOOD, FL 34224**



03222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0564382**

Applied for  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONKLIN, ALICE M  
3651 S. ACCESS RD  
ENGLEWOOD, FL 34224**

**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 **Alice M. Conklin** **4-09-06**  
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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ALICE M CONKLIN
STREET ADDRESS	3651 S. ACCESS RD
CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	T
NAME	ALICE M CONKLIN
STREET ADDRESS	3651 S. ACCESS RD
CITY-ST-ZIP	ENGLEWOOD, FL
TITLE	VP
NAME	CONKLIN, JOSEPH J
STREET ADDRESS	24 CADDY RD
CITY-ST-ZIP	ROTONDA WEST, FL 33947
TITLE	S
NAME	HILL, KATHLEEN M
STREET ADDRESS	1192 EETER CIR
CITY-ST-ZIP	ENGLEWOOD, FL 34224
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 an other like empowered.

SIGNATURE: **Alice M Conklin** **4-09-06** **941 794-5834**  
Signature and typed or printed name of signing officer or director Date Date Phone