

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90001 044 \*\*\*150.00

**DOCUMENT # P95000037357**

1. Entity Name  
ALKAN INTERNATIONAL, INC.



Principal Place of Business  
1308 CYPRESS COVE CT  
INVERNESS, FL 34450

Mailing Address  
5100 HOWELL BRANCH RD  
WINTER PARK, FL 32792

**54070946**



08202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3315612	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

ALKAN, NECLA  
5100 OLD HOWELL BRANCH ROAD  
INVERNESS, FL 34450

**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 \$550.00  
Due by September 8, 2004**

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	D ALKAN, NECLA 1308 CYPRESS COVE CT INVERNESS, FL 34450
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**DO NOT WRITE  
IN THIS SPACE**

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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/25/04 352-3651140

ATTACHMENT

# P95000037357  
54070946

Div of Corporation  
P O Box 1500  
Tallahassee, FL 32302-1500

Re:UBR filing

August 17, 2004

Dear sir:

Enclosed please find a check in the amount of \$150 for the filing of 2004 Uniform Business Report that we recently received.

We did not receive the 2004 UBR form to file before May 1. Please waive the \$400 penalty and accept our filing.

Your favorable consideration will be greatly appreciated.

Sincerely,

x 

Necla Alkan, president  
1308 CYPRESS COVE CT  
INVERNESS FL 34450