


2008 FOR PROFIT CORPORATION ANNUAL REPORT

7/1 **FILED**
Aug 05, 2008 8:00 am
Secretary of State

07-16-2008 90009 048 ***150.00

DOCUMENT # P07000135610

1. Entity Name
AKOM FINANCIAL CONSULTANTS, INC.



Principal Place of Business
**3370 CAPITAL CIRCLE N.E.
 SUITE D
 TALLAHASSEE, FL 32308 US**

Mailing Address
**3370 CAPITAL CIRCLE N.E.
 SUITE D
 TALLAHASSEE, FL 32308 US**

66015752



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07072008 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
26-1647870

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**AKOM, ELIZABETH A
 3370 CAPITAL CIRCLE N.E.
 SUITE D
 TALLAHASSEE, FL 32308**

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 registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when removing)

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRES AKOM, ELIZABETH A 3370 CAPITAL CIRCLE N.E. SUITE D TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP AKOM, ROCKNEY W 3370 CAPITAL CIRCLE N.E. SUITE D TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TRES AKOM, ROCKNEY W 3370 CAPITAL CIRCLE N.E. SUITE D TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CHRM AKOM, ELIZABETH A 3370 CAPITAL CIRCLE N.E. SUITE D TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth A. Akom* **7-11-08** **385-5400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deletion Phone #