

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135610

FILED  
Mar 29, 2011  
Secretary of State

**Entity Name:** AKOM FINANCIAL CONSULTANTS, INC.

**Current Principal Place of Business:**

2282 KILLEARN CENTER BLVD.  
SUITE C  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

2282 KILLEARN CENTER BLVD.  
SUITE C  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

**FEI Number:** 26-1647870      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AKOM, ELIZABETH A  
2282 KILLEARN CENTER BLVD.  
SUITE C  
TALLAHASSEE, FL 32302 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: AKOM, ELIZABETH A  
Address: 2282 KILLEARN CENTER BLVD. SUITE C  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: VP  
Name: AKOM, ROCKNEY W  
Address: 2282 KILLEARN CENTER BLVD. SUITE C  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: TRES  
Name: AKOM, ROCKNEY W  
Address: 2282 KILLEARN CENTER BLVD. SUITE C  
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: CHRM  
Name: AKOM, ELIZABETH A  
Address: 2282 KILLEARN CENTER BLVD. SUITE C  
City-St-Zip: TALLAHASSEE, FL 32309 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH A. AKOM

PRES

03/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date