
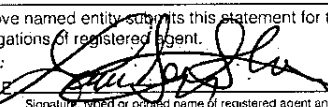
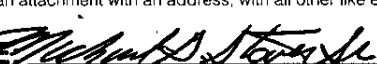


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90016 034 \*\*\*158.75

<b>DOCUMENT # L88979</b> 1. Entity Name <b>ALLTECH COMMERCIAL SERVICES, INC.</b>					
Principal Place of Business <b>170 N. SUMMIT AVE. P.O. BOX 255 LAKE HELEN, FL 32744 US</b>			Mailing Address <b>P O BOX 255 170 N SUMMIT AV LAKE HELEN, FL 32744 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-3022663</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>STOVER, LANI D 773 E KICKLIGHTER RD LAKE HELEN, FL 32744</b>			7. Name and Address of New Registered Agent Name <b>Stover, Lani D</b> Street Address (P.O. Box Number is Not Acceptable) <b>170 N. Summit Ave</b> City <b>Lake Helen</b> <b>FL</b> Zip Code <b>32744</b>		
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 		<b>Lani D. Stover</b>		<b>01/06/2004</b>	
(NOTE: Registered Agent signature required when reinstating)		DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP ST</b> <b>STOVER, MICHAEL G SR</b> <b>170 N. SUMMIT AVE.</b> <b>LAKE HELEN, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>STOVER, SONNI</b> <b>170 N. SUMMIT AVE.</b> <b>LAKE HELEN, FL</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STOVER, THOMAS</b> <b>695 DARBONNE RD</b> <b>DELAND, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STOVER, MICHAEL G JR</b> <b>773 E KICKLIGHTER RD</b> <b>LAKE HELEN, FL 32744</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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  <b>Michael G. Stover Sr.</b> <b>01-06-04 386-2280733</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					