

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L88979

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: ALLTECH COMMERCIAL SERVICES, INC.

**Current Principal Place of Business:**

170 N. SUMMIT AVE.  
LAKE HELEN, FL 32744 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 255  
170 N SUMMIT AV  
LAKE HELEN, FL 32744 US

**New Mailing Address:**

FEI Number: 59-3022663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STOVER, LANI D  
170 N. SUMMIT AVE.  
LAKE HELEN, FL 32744 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: STOVER, MICHAEL G SR  
Address: 117 VIA CAPRI  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V ( ) Delete  
Name: STOVER, THOMAS  
Address: 695 DARBONNE RD  
City-St-Zip: DELAND, FL

Title: V ( ) Delete  
Name: STOVER, MICHAEL G JR  
Address: 773 E KICKLIGHTER RD  
City-St-Zip: LAKE HELEN, FL 32744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LANI D STOVER

RA

01/20/2009

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

\_\_\_\_\_ Date