


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90047 001 ***150.00

DOCUMENT # P98000063248
 1. Entity Name
 AMERI-TECH REALTY, INC.



Principal Place of Business 1799-B N. BELCHER RD. CLEARWATER, FL 33765	Mailing Address 1799-B N. BELCHER RD. CLEARWATER, FL 33765
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40044599



DO NOT WRITE IN THIS SPACE

03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3528712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PEREZ, MICHAEL G
 1799-B NORTH BELCHER RD.
 CLEARWATER, FL 33765

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution:

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MICHAEL G 1799-B N. BELCHER RD. CLEARWATER, FL 33765
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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: Michael G. Perez 727-726-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #