

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L88979

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC0040544134**

**Entity Name:** ALLTECH COMMERCIAL SERVICES, INC.

**Current Principal Place of Business:**

170 N. SUMMIT AVE.  
LAKE HELEN, FL 32744

**Current Mailing Address:**

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

**FEI Number:** 59-3022663

**Certificate of Status Desired:** Yes

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

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

*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

**Officer/Director Detail :**

Title           DPT  
Name           STOVER, MICHAEL GSR  
Address        117 VIA CAPRI  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title           V  
Name           STOVER, THOMAS  
Address        695 DARBONNE RD  
City-State-Zip: DELAND FL

Title           V  
Name           STOVER, MICHAEL GJR  
Address        773 E KICKLIGHTER RD  
City-State-Zip: LAKE HELEN FL 32744

Title           S  
Name           STOVER, LANI D  
Address        170 N. SUMMIT AVE.  
City-State-Zip: LAKE HELEN FL 32744

*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:** LANI STOVER

**S**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date