


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000001390 1. Entity Name ALLTEC CORPORATION	
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Principal Place of Business 110 CATALYST DR CANTON, NC 28716	Mailing Address 110 CATALYST DR CANTON, NC 28716
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04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-1906153	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  
  
WIGGS, KORI  
1910 DREW ST  
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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP BEAN, CHRISTOPHER 110 CATALYST DR CANTON, NC 28716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VV BEAN, ERIC 110 CATALYST DR CANTON, NC 28716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT NEFF, JOHN 110 CATALYST DR CANTON, NC 28716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BEAN, BARBARA 110 CATALYST DR CANTON, NC 28716
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000367868  
05/23/05-80003-015 158.75

**DO NOT WRITE IN THIS SPACE**

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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #