


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # F89385	
1. Entry Name AMERITEK ORLANDO, INC.	

Principal Place of Business 151 SEMORAN COMMERCE PLACE POB 160608, ALTAMONTE SPRGS, FL 32716- APOPKA, FL 32703	Mailing Address 151 SEMORAN COMMERCE PLACE POB 160608, ALTAMONTE SPRGS, FL 32716- APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2202632	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

STUTES, LARRY
151 SEMORAN COMMERCE PLACE
APOPKA, FL 32703

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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 _____ (NOTE: Registered Agent's signature required when renouncing)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUTES, LARRY W 151 SEMORAN COMMERCE PLACE APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STUTES, DOUGLAS 151 SEMORAN COMMERCE PL APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STUTES, L D 151 SEMORAN COMMERCE PL APOPKA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000144479
24/30/04-80133-015 150.00

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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:  **4/28/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #