

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90278 021 ***150.00

DOCUMENT # F89385

1. Entity 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**

60027506



2. Principal Place of Business
4250 St Johns Pkwy
Suite, Apt. #, etc.

3. Mailing Address
4250 St Johns Pkwy
Suite, Apt. #, etc.

03102006 Chg-P CR2E034 (11/05)

City & State
Sanford FL
Zip
32771 Country
USA

City & State
Sanford FL
Zip
32771 Country
USA

4. FEI Number
59-2202632 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STUTES, LARRY
151 SEMORAN COMMERCE PLACE
APOPKA, FL 32703**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4250 St Johns Pkwy
City **Sanford** FL Zip Code **32771**

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, 2006 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	<input type="checkbox"/> Delete
P	STUTES, LARRY W	151 SEMORAN COMMERCE PLACE	APOPKA, FL	<input type="checkbox"/>
S	STUTES, DOUGLAS	151 SEMORAN COMMERCE PL	APOPKA, FL	<input type="checkbox"/>
VP	STUTES, L D	151 SEMORAN COMMERCE PL	APOPKA, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4250 St Johns Pkwy	Sanford FL 32771	<input checked="" type="checkbox"/>
		4250 St Johns Pkwy	Sanford FL 32771	<input checked="" type="checkbox"/>
		4250 St Johns Pkwy	Sanford FL 32771	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-11-06

Date

321 275 055

Daytime Phone #