2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000103446

Name:

Address:

City-St-Zip:

WALDRON, JACK J

9340 W. PUTTER COURT

CRYSTAL RIVER, FL 34429

Entity Name: ALL-TECH CONSTRUCTION INC

FILED Jul 07, 2005 Secretary of State

Entity Nan	ie: ALL-II	ECH CONSTRUCTION	TINC.				
Current Principal Place of Business:				New Principal Place of Business:			
6153 MINUTEMAN ST HOMOSASSA, FL 34448				9340 W. PUTTER COURT CRYSTAL RIVER, FL 34429			
Current Mailing Address:				New Mailing Address:			
9340 W. PU CRYSTAL I		34429					
FEI Number:	59-3679056	FEI Number Applied	For () FEI Nur	nber Not Appli	cable ()	Certificate of Status D	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
WALDRON, JACK J 6153 MINUTEMAN ST HOMOSASSA, FL 34448 US				WALDRON, JACK J 9340 W. PUTTER COURT CRYSTAL RIVER, FL 34429 US			
The above in the State		ty submits this stateme	ent for the purpose o	of changing it	s registered of	ffice or registered ag	gent, or both,
SIGNATURE: TONIA LYNN WALDRON				07/07/2005			
	e with s. 607 paign Finan	ronic Signature of Regi .193(2)(b), F.S., the corpor cing Trust Fund Contributi ECTORS:	ration did not receive t	•		Date TO OFFICERS AND	D DIRECTORS:
Title: Name: Address: City-St-Zip:	D WALDON, J 6153 MINUT HOMOSASS			Title: Name: Address: City-St-Zip:	D (X) WALDRON, JAC 9340 W. PUTTE CRYSTAL RIVE	R COURT	
Title: Name: Address: City-St-Zip:	9340 W. PU	() Delete TONIA LYNN TTER COURT IVER, FL 34429		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title:	Р	() Delete		Title:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TONIA LYNN WALDRON P 07/07/2005