

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000106443**

1. Entity Name  
**ALL TECH SECURITY, INC.**



Principal Place of Business  
**11440 OKEECHOBEE BLVD  
210B  
ROYAL PALM BEACH, FL 33411**

Mailing Address  
**11440 OKEECHOBEE BLVD  
210B  
ROYAL PALM BEACH, FL 33411**



08042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1153134**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROBINSON, RHONDA  
188 SANDPIPER AVENUE  
ROYAL PALM BEACH, FL 33411**

**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, for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Rhonda J. Robinson*

*8/5/04*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature is required when withdrawing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DPST  
ROBINSON, DAVID T  
188 SANDPIPER AVE.  
ROYAL PALM BEACH, FL 33411**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
ROBINSON, RHONDA  
188 SANDPIPER AVE.  
ROYAL PALM BEACH, FL 33411**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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08/10/04-80001-011 150.00

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:**

*Rhonda J. Robinson*

*8/5/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #