

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2006 90278 043 ***150.00

DOCUMENT # P02000024688

1. Entity Name
AMERITEK OFFICE SOLUTIONS, INC.



Principal Place of Business
**151 SEMORAN COMMERCE PL
APOPKA, FL 32703**

Mailing Address
**151 SEMORAN COMMERCE PL
APOPKA, FL 32703**

60027532



03102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

4250 St John Pkwy
Suite, Apt. #, etc.

3. Mailing Address

4250 St Johns Pkwy
Suite, Apt. #, etc.

City & State

Sanford FL

Zip
32771

Country
USA

City & State

Sanford FL

Zip
32771

Country
USA

4. FEI Number
30-0053143

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 PL
APOPKA, FL 32703**

7. Name and Address of New Registered Agent

Name
Stutes Larry
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
**DPST
STUTES, L. JEAN
841 PRESERVE TERR
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STUTES, MARY
151 SEMORAN COMMERCE PL
APOPKA, FL 32703** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4250 St John Pkwy
Sanford FL 32771** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

321-275-5555

Daytime Phone #