


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000065818 1. Entity Name ALL-TECH AIR, INC.	
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Principal Place of Business 9743 CARIBOU TRAIL DADE CITY, FL 33525	Mailing Address 9743 CARIBOU TRAIL DADE CITY, FL 33525
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02122006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1044302	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  KILGANNON, PATRICK 9743 CARIBOU TRAIL DADE CITY, FL 33525
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**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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eve Kilgannon Owner 4-17-06  
Signature used 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	DP KILGANNON, PATRICK 9743 CARIBOU TRAIL DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KILGANNON, EVE 9743 CARIBOU TRAIL DADE CITY, FL 33525
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000000516998  
05/01/06-80027-006 150.00

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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 Patrick J. Kilgannon Jr. 4-17-06 813870-69  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #