


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90334 050 ***158.75

DOCUMENT # P04000120946

1. Entity Name
ALL-TEK COMMUNICATIONS, INC.



Principal Place of Business Mailing Address
6796 CANBURY DRIVE **6796 CANBURY DRIVE**
LAKELAND, FL 33089 **LAKELAND, FL 33089**

50038101

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

CALABRESE, ROBERT JR.
6796 CANBURY DRIVE
LAKELAND, FL 33089

4. FEI Number **90-0193969** Applied For
 Not Applicable

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

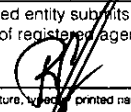
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  DATE **4/18/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRESE, ROBERT JR.	NAME	
STREET ADDRESS	6796 CANBURY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33089	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDEN, JAMES R JR.	NAME	
STREET ADDRESS	6796 CANBURY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33089	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIANO, CHRISTOPHER	NAME	
STREET ADDRESS	289 ROUTE 33, BLDG. C	STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN, NJ 07726 NJ	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTURO, ANTHONY	NAME	
STREET ADDRESS	289 ROUTE 33, BLDG. C	STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN, NJ 07726 NJ	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILLES, ROBERT J	NAME	
STREET ADDRESS	289 ROUTE 33, BLDG. C	STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN, NJ 07726 NJ	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Robert Calabrese Jr President** Date Daytime Phone # **863-816-7485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR