

2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

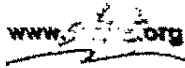
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CLERK OF STATE
TALLAHASSEE, FLORIDA



11142013 Chg-P CR2E034 (12/11)

DOCUMENT # P93000022564			
1. Entity Name A-1 TECHNOLOGIES, INC.			
Principal Place of Business 3570 WEBBER ST SARASOTA, FL 34239 US		Mailing Address 3570 WEBBER ST SARASOTA, FL 34239 US	
2. Principal Place of Business - No P.O. Box # 3570 WEBBER ST.		3. Mailing Address PO BOX 5516	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34239		Country SARASOTA	
Country SARASOTA		Zip 34277	
Country SARASOTA		Country SARASOTA	
5. Name and Address of Current Registered Agent LAYTON, MICHAEL 6548 BOWLINE DR SARASOTA, FL 34231		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 _____ Signature, typed or printed name of registered agent and date if applicable (607) - Registered Agent signature required when reinstating			
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		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 NAME STREET ADDRESS CITY - ST - ZIP	P LAYTON, MICHAEL 6548 BOWLINE DR SARASOTA, FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAYTON, NANCY 6548 BOWLINE DR SARASOTA, FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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, without other like empowered.			
SIGNATURE:		DATE: 6/18/13	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		E-MAIL ADDRESS: mike.jayton@gmail.com	



Corporations
Information

Payments Tools Activity

cacarrothers ~

Annual Report Filing History

Search By Document ID

p93000022564

Search

Session

Transaction ID	Description	Filing Stage
p93000022564-f05e57ca-1f8b-4ef9-a0fe-859b2415ef4a	Session file for p93000022564 with last modified date of 6/6/2013 5:01:49 PM Eastern Standard Time	FinalReview

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
9e9010c9-e7e3-41e1-88e5-4cfe2e9ec9aa	P93000022564	0	2	2/7/2012 12:00:00 AM
ac03d224-5eb5-4689-98c7-8f0182d96c2e	P93000022564	0	2	4/28/2010 12:00:00 AM
c639818b-13dd-4e1b-af00-3520fa36f0ec	P93000022564	0	2	3/29/2011 12:00:00 AM

