


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000013114 1. Entity Name ALL-TECH CO., INC.	
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FILED
2008 Oct-2 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 10-2



Principal Place of Business 26 BRIDGETTE BLVD LAKE WORTH, FL 33463 US	Mailing Address 26 BRIDGETTE BLVD LAKE WORTH, FL 33463 US
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DO NOT WRITE IN THIS SPACE

09042008 No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0570086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSS, KEVIN R E A
801 SOUTH FEDERAL HWY
HOLLYWOOD, FL 33020

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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	D
NAME	STREPEK, RICHARD J
STREET ADDRESS	26 BRIDGETTE BLVD
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

200136618872
10/03/08--01054--019 **150.00

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 persons empowered.

SIGNATURE Richard J. Strepek 9-04-08 (561) 966-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #