

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 020 ***150.00

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1. Entity Name
ALL-TECH SOUTHEAST, INC.



Principal Place of Business
190 CORPORATE COURT
QUINCY, FL 32351

Mailing Address
190 CORPORATE COURT
QUINCY, FL 32351

50010031



03302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3459003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KILMER, LARRY L
260 TALQUIN HIDEAWAY RD
QUINCY, FL 32351

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME KILMER, LARRY L
STREET ADDRESS 260 TALQUIN HIDEAWAY RD
CITY-ST-ZIP QUINCY, FL 32351 ☐ Delete

TITLE PST
NAME Beverly J Kilmer ☒ Change ☐ Addition
STREET ADDRESS 260 Talquin Hideaway
CITY-ST-ZIP Quincy FL 32351

TITLE VP
NAME KILMER, KIRK D
STREET ADDRESS 3336 GALANT FOX
CITY-ST-ZIP TALLAHASSEE, FL 32309 ☐ Delete

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

TITLE V
NAME KILMER, BEVERLY J
STREET ADDRESS 260 TALQUIN HIDEAWAY RD
CITY-ST-ZIP QUINCY, FL 32351 ☐ Delete

TITLE V.
NAME Larry L Kilmer ☒ Change ☐ Addition
STREET ADDRESS 260 Talquin Hideaway
CITY-ST-ZIP Quincy FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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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, with all other like empowered.

SIGNATURE: *Beverly J Kilmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Beverly J Kilmer 4-4-06 850-509 5486