


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000044849 1. Entity Name ALL-TECH SOUTHEAST, INC.	
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Principal Place of Business 190 CORPORATE COURT QUINCY, FL 32351	Mailing Address 190 CORPORATE COURT QUINCY, FL 32351
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01282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3459003	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 KILMER, LARRY L 260 TALQUIN HIDEAWAY RD QUINCY, FL 32351

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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: <u><i>Bob Kilmer</i></u> DATE: <u>1/31/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000622179 02/13/07-80016-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KILMER, LARRY L 260 TALQUIN HIDEAWAY RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KILMER, KIRK D 3336 GALANT FOX TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KILMER, BEVERLY J 260 TALQUIN HIDEAWAY RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: <u><i>Bob Kilmer</i></u> DATE: <u>1/31/07</u> DAYTIME PHONE: <u>850 627 1166</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>