

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000055973**

1. Entity Name  
**ALLIANCE COMPUTING TECHNOLOGIES, INC.**



Principal Place of Business  
**3105 W. WATERS AVE., SUITE 215  
TAMPA, FL 33614**

Mailing Address  
**3105 W. WATERS AVE., SUITE 215  
TAMPA, FL 33614**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3455573**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FOSTER, JOHN P  
3105 W. WATERS AVENUE  
SUITE 215  
TAMPA, FL 33614**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 8, 2004**

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	DC
NAME	FOSTER, JOHN P
STREET ADDRESS	4202 WATER OAKS LANE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	SMITH, NORM
STREET ADDRESS	1685 WINNETRA ROAD
CITY-ST-ZIP	GLENVIEW, IL 60025
TITLE	T
NAME	FOSTER, BERNADETTE S
STREET ADDRESS	4202 WATER OAKS LANE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	S
NAME	YADLEY, GREGORY C
STREET ADDRESS	101 E. KENNEDY BLVD. STE. 2800
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	D
NAME	KRUSEN, W. ANDREW JR
STREET ADDRESS	2909 BAY TO BAY
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	SAMSON, BRUCE A
STREET ADDRESS	4807 WOODMERE RD.
CITY-ST-ZIP	TAMPA, FL 33609

1100000163405  
07/07/04-80001-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-04

813 936 0165