

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 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



01132005 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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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	1635 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

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03/21/05-80052-001 150.00

**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 #

1/14/05

813 9360165