

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90976 042 ***150.00

DOCUMENT # P98000044524

1. Entity Name
ALLTECH ELECTRONIC TECHNOLOGIES INC.



Principal Place of Business
**8409 N. ORANGEVIEW AVE.
TAMPA, FL 33617**

Mailing Address
**8409 N. ORANGEVIEW AVE.
TAMPA, FL 33617**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3519862

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HEIDT, WALTER R
8409 ORANGEVIEW AVE.
TAMPA, FL 33617**

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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	PTDC
NAME	HEIDT, WALTER R
STREET ADDRESS	8409 N. ORANGEVIEW AVE.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	S
NAME	HEIDT, DAWNA R
STREET ADDRESS	8409 N. ORANGEVIEW AVE
CITY-ST-ZIP	TAMPA, FL 33617
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 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: Walter R. Heidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-05

Date

813-980-6990

Daytime Phone #

WALTER R. HEIDT