

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90014 014 ***150.00

DOCUMENT # P99000009461

1. Entity Name

ALLTEK SEAL & PACKING COMPANY, INC.



Principal Place of Business

3165-5 ST JOHNS BLUFF ROAD
JACKSONVILLE FL 32246

Mailing Address

3165 ST JOHNS BLUFF ROAD
JACKSONVILLE FL 32246

2. Principal Place of Business

3165-5 St Johns Bluff Rd

3. Mailing Address

Suite, Apt. #, etc.

5

City & State

Jacksonville

City & State

Zip

32224 Duval

Country

4. FEI Number

59-3556716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ODONNELL, ROBERT
3165 ST JOHNS BLUFF RD.
JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

5/6/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **O'DONNELL, JANE A**
CITY-ST-ZIP **3165 ST. JOHNS BLUFF**
JACKSONVILLE BEACH FL 32240

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **O'DONNELL, ROBERT D SR**
CITY-ST-ZIP **3165-5 ST JOHNS BLUFF RD.**
JACKSONVILLE FL 32246

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/06 904 997 0003

Date

Daytime Phone #