


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 632918 1. Entity Name AUTOMATED PETROLEUM AND ENERGY COMPANY, INCORPORATED	
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Principal Place of Business 342991110 PO BOX 1110 BRANDON, FL 33509-8110	Mailing Address 342991110 PO BOX 1110 BRANDON, FL 33509-8110 US
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04182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2150510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCKNIGHT, WILLIAM D 1201 OAKFIELD DR S107 BRANDON, FL 33511

**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKNIGHT, WILLIAM D 805 ARROWHEAD LANE BRANDON, FLORIDA 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKNIGHT, KATHRYN 805 ARROWHEAD LN BRANDON, FL
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05/09/06-80086-009 150.00

**DO NOT WRITE
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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: Wm McKnight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #