

2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2012 MAY 24 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 305558

1. Entity Name
FLORIDA AUTOMATIC CONTROLS COMPANY, INC.



Principal Place of Business
504 SOUTH HOWARD AVENUE
TAMPA, FL 33606

Mailing Address
504 SOUTH HOWARD AVENUE
TAMPA, FL 33606

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252012

Chg-P

CR2E034 (12/11)

4. FEI Number

59-1141645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORVETTE, III BENJAMIN B
2402 W. WATROUS AVE.
TAMPA, FL 33629-5343

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2012 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME HOCKIN, NICOLE C
STREET ADDRESS 13768 W ASBURY
CITY-ST-ZIP LAKEWOOD, CO 80228

TITLE *PRESIDENT & OWNER* ☐ Delete
NAME *Ben Corvette*
STREET ADDRESS *2402 W. Watrous Ave*
CITY-ST-ZIP *Tampa FL 33629*

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

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CITY-ST-ZIP

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:

Ben Corvette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/12
DATE

bcovette@afcc.com
E-MAIL ADDRESS