2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 560178

1. *Entity Name*
AUTOMATION TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1710 HIGHWA 29 SOUTH CANTONMENT, FL 32533 US	1710 HIGHWA 29 SOUTH CANTONMENT, FL 32533 US

DO NOT WRITE IN THIS SPACE

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1766175
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KNOWLES, WESLEY W.
5761 HWY 29 NORTH
CANTONMENT, FL 32533

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000497522
04/22/06-80058-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KNOWLES, W.W.
STREET ADDRESS	RT 2, BOX 465
CITY-ST-ZIP	CANTONMENT, FL
TITLE	VPD
NAME	METCALF, C.B., JR
STREET ADDRESS	2534 CORRAL DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533,
TITLE	STD
NAME	METCALF, JEANETTE
STREET ADDRESS	2534 CORRAL
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wesley W. Knowles Wesley Knowles 4/6/06 850.968.555,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #