


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 574289 1. Entity Name AUTOMATION SCIENCES, INC.	
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Principal Place of Business 4306 N. TAMiami TRAIL SARASOTA, FL 34234 US	Mailing Address 4306 N. TAMiami TRAIL SARASOTA, FL 34234 US
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DO NOT WRITE IN THIS SPACE



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1829921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUBBS, GUSTAVE DR 6409 KYLIE CREEK WAY SARASOTA, FL 34240	DO NOT WRITE IN THIS SPACE
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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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 DUBBS, DANIEL 3601 AZALEA LANE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCKENNA, DIANE 2624 SIESTA DRIVE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DUBBS, DOLORES 6409 KYLIE CREEK WAY SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DUBBS, GUSTAVE 6409 KYLIE CREEK WAY SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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**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: Dolores Dubbs DOLORES DUBBS 2/24/04 941-355-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #