


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 642187</b> 1. Entity Name <b>AUTOPILOT SYSTEMS, INC.</b>	
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Principal Place of Business <b>5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309</b>	Mailing Address <b>5755 POWERLINE ROAD FORT LAUDERDALE, FL 33309</b>
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01042007    No Chg-P    CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1944774</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KENT WILLIAM A  
5755 POWERLINE ROAD  
FORT LAUDERDALE, FL 33309**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>KENT WILLIAM A</b>
STREET ADDRESS	<b>5755 POWERLINE ROAD</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>
TITLE	<b>VT</b>
NAME	<b>CHISLING, GARY</b>
STREET ADDRESS	<b>5755 POWERLINE RD.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL</b>
TITLE	<b>S</b>
NAME	<b>BOLENBAUGH, CRAIG</b>
STREET ADDRESS	<b>5755 POWERLINE ROAD</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33309</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/07-80001-014 150.00

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:** Craig Bolenbaugh    **CRAIG BOLENBAUGH**    1/4/07    954-772-6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Day    Daytime Phone #