


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90016 002 ***150.00

DOCUMENT # F04000000743			
1. Entity Name EL-O-MATIC USA, INC.			
Principal Place of Business 9009 KING PALM DR TAMPA, FL 33619		Mailing Address 8000 W. FLORISSANT AVE. STE. 2586 SAINT LOUIS, MO 63136	
2. Principal Place of Business - No P.O. Box # 8000 W. Florissant Ave.		3. Mailing Address	
Suite, Apt. #, etc. Sta. 2586		Suite, Apt. #, etc.	
City & State St. Louis, MO		City & State	
Zip 63136	Country USA	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D/Pres-Valve Auto. Group	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTTON, DAN G		NAME Button, Dan G.	
STREET ADDRESS 8100 W FLORISSANT		STREET ADDRESS 8100 W. Florissant Ave.	
CITY-ST-ZIP ST LOUIS, MO 63136		CITY-ST-ZIP St. Louis, MO 63136	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUZBEE, T.D.		NAME	
STREET ADDRESS 205 SOUTH CENTER ST		STREET ADDRESS	
CITY-ST-ZIP MARSHALLTOWN, IA 50158		CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAW, R.V.		NAME	
STREET ADDRESS 8100 W FLORISSANT		STREET ADDRESS	
CITY-ST-ZIP ST LOUIS, MO 63136		CITY-ST-ZIP	
TITLE AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURNETT, TERESA A		NAME	
STREET ADDRESS 8100 W FLORISSANT		STREET ADDRESS	
CITY-ST-ZIP ST LOUIS, MO 63136		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Plum, David M.	
STREET ADDRESS		STREET ADDRESS 9009 King Palm Dr.	
CITY-ST-ZIP		CITY-ST-ZIP Tampa, FL 33619	
TITLE	<input type="checkbox"/> Delete	TITLE V.P.-N.A. Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Chandler, George	
STREET ADDRESS		STREET ADDRESS 9009 King Palm Dr.	
CITY-ST-ZIP		CITY-ST-ZIP Tampa, FL 33619	
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: <u>T.A. Burnett</u>		T.A. Burnett Asst. Treasurer	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		3/29/07 314-553-1818	
		Daytime Phone #	