# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2008**
**Secretary of State**

DOCUMENT# F98000007073

**Entity Name:** MAVERICK AUTOMATION SOLUTIONS, INC.

**Current Principal Place of Business:**

600 UNIVERSITY OFFICE BLVD.
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

504 DD ROAD
COLUMBIA, IL 62236 US

**New Mailing Address:**

PO BOX 470
COLUMBIA, IL 62236 US

**FEI Number: 58-2429987** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACKSON, BETHANY
600 UNIVERSITY OFFICE BLVD.
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

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.

SIGNATURE: JONATHAN MILES 04/30/2008
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete
Name: GALESKI, PAUL
Address: 504 DD ROAD
City-St-Zip: COLUMBIA, IL 62236

Title: SECR (X) Delete
Name: SCRABIS, SUZANNE
Address: 504 DD ROAD
City-St-Zip: COLUMBIA, IL 62236

Title: D (X) Delete
Name: RHOADES, KEVIN
Address: 504 DD ROAD
City-St-Zip: COLUMBIA, IL 62236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition
Name: GALESKI, PAUL
Address: 265 ADMIRAL TROST RD
City-St-Zip: COLUMBIA, IL 62236

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMI HALLORAN MRS. 04/30/2008
Electronic Signature of Signing Officer or Director Date