

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24796

FILED  
Apr 05, 2004  
Secretary of State

Entity Name: BUILDING AUTOMATION, INCORPORATED

**Current Principal Place of Business:**

4769 NE 11TH AVE  
OAKLAND PARK, FL 33334 US

**New Principal Place of Business:**

P.O. BOX 339  
MOORE HAVEN, FL 33471 US

**Current Mailing Address:**

4769 NE 11TH AVE  
OAKLAND PARK, FL 33334 US

**New Mailing Address:**

FEI Number: 59-2451437      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BURLESON, ERLIE  
4769 NE 11TH AVE  
FT. LAUDERDALE, FL 33334 US

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

BURLESON, ERLIE  
4769 NE 11TH AVENUE  
FT. LAUDERDALE, FL 33334 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/05/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: SC ( ) Delete  
Name: BURLESON, ERLIE,  
Address: 524 SW 10TH AVENUE  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: PTD ( ) Delete  
Name: BURLESON, GERALDINE,  
Address: 524 SW 10TH AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: VPD ( ) Delete  
Name: GANNON, THOMAS D  
Address: 963 WEST RIVER DRIVE  
City-St-Zip: MARGATE, FL 33063

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

Title: SC (X) Change ( ) Addition  
Name: BURLESON, ERLIE,  
Address: P.O. BOX 339  
City-St-Zip: MOORE HAVEN, FL 33471

Title: PTD (X) Change ( ) Addition  
Name: BURLESON, GERALDINE,  
Address: P.O. BOX 339  
City-St-Zip: MOORE HAVEN, FL 33471

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GERALDINE A. BURLESON

Electronic Signature of Signing Officer or Director

PRES

04/05/2004

Date