

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K58925**

1. Entity Name  
**ELECTROMATION, INC.**



Principal Place of Business

**56 W PLAZA GRANADA  
ISLAMORADA, FL 33036**

Mailing Address

**56 W PLAZA GRANADA  
ISLAMORADA, FL 33036**



03082005 No Chg-P CR2 031 (11/C3)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0093943</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$3.75</b> additional Fee Required

6. Name and Address of Current Registered Agent

**BARNES, BRIAN  
56 W PLAZA GRANADA  
ISLAMORADA, FL 33036**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARNES, BRIAN 56 W PLAZA GRANADA P O BOX 294 ISLAMORADA, FL 33036
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03/11/05-80016-006 150.00

**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)(f), 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 (1) or Block (2) if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brian Barnes* **BRIAN BARNES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-8-05**  
Date

**305/517-9936**  
Daytime Phone