

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000026790

FILED
Feb 05, 2004
Secretary of State

Entity Name: AUTOMATEK INCORPORATED

Current Principal Place of Business:

3348 FITCH STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

5402 NW 97TH STREET
GAINESVILLE, FL 32653 US

Current Mailing Address:

P.O. BOX 380076
JACKSONVILLE, FL 32205

New Mailing Address:

P.O. BOX 358110
GAINESVILLE, FL 32635 US

FEI Number: 63-1156758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYKIN, WILLIAM H JR.
3348 FITCH STREET
JACKSONVILLE, FL 32205

Name and Address of New Registered Agent:

BOYKIN, WILLIAM H JR.
5402 NW 97TH STREET
GAINESVILLE, FL 32653 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:

02/05/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BOYKIN, WILLIAM H JR
Address: 3348 FITCH STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: VTD () Delete
Name: BOYKIN, BETTY C
Address: 3348 FITCH STREET
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: BOYKIN, WILLIAM H JR
Address: 5402 NW 97TH STREET
City-St-Zip: GAINESVILLE, FL 32653 US

Title: VTD (X) Change () Addition
Name: BOYKIN, BETTY C
Address: 5402 NW 97TH STREET
City-St-Zip: GAINESVILLE, FL 32635 US

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: WILLIAM H. BOYKIN, PH.D.

PSD

02/05/2004

Electronic Signature of Signing Officer or Director

Date