

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000114460

1. Entity Name
ANIMATED MECHANICAL SYSTEMS, INC.



Principal Place of Business

1964 W. 9TH ST., SUITE 4
RIVIERA BCH, FL 33404

Mailing Address

2508 NE 8TH LANE
OCALA, FL 34470



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1062205

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TEKLINSKI, STEPHEN R
1964 W. 9TH ST., SUITE 4
RIVIERA BCH, FL 33404

**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

000000374103
07/22/05-80008-009 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TEKLINSKI, STEPHEN R
STREET ADDRESS 1964 W. 9TH ST., SUITE 4
CITY-ST-ZIP RIVIERA BCH, FL 33404

TITLE SD
NAME SCHOEPE, ROBERT H
STREET ADDRESS 2508 NE 8TH LANE
CITY-ST-ZIP OCALA, FL 34470

TITLE
NAME
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CITY-ST-ZIP

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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/05 352-402-9950
Date Daytime Phone #