


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90191 047 ***150.00

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
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2. Principal Place of Business - No P.O. Box # 15855 ASSEMBLY LOOP	3. Mailing Address
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc.
City & State JUPITER, FL	City & State
Zip 33478	Country US

01032007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1062205	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TEKLINSKI, STEPHEN R 1964 W. 9TH ST., SUITE 4 RIVIERA BCH, FL 33404	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15855 ASSEMBLY LOOP SUITE 200 City JUPITER FL Zip Code 33478
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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEKLINSKI, STEPHEN R 1964 W. 9TH ST., SUITE 4 RIVIERA BCH, FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15855 ASSEMBLY LOOP SUITE 200 JUPITER, FL 33478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOEPE, ROBERT H 2508 NE 8TH LANE OCALA, FL 34470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1/09/07 352-402-9950
Date Daytime Phone #