2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000032580

1. Entity Name

AUTÓMATION SYSTEM ASSOCIATES, INC.

FILED Apr 17, 2008 08:00 A
Secretary of State

Principal Place of Business:

425 PIERCE AVE #503

CAPE CANAVERAL, FL 32920

Mailing Address - -

425 PIERCE AVE #503

CAPE CANAVERAL, FL 32920

US



04022008

No Chg-P

-CR2E034 (11/05)

4. FEI Number 59-3711731 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

gang ang tanggun manggaran na bagaran

6. Name and Address of Current Registered Agent

EUSTIS, GEORGE F JR. 425 PIERCE AVE. #503 CAPE CANAVERAL, FL 32920

,				IN THIS SPACE			
						<i>f</i> ,	
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its regis	stered office o	r registered agent, or be	oth, in the State of Florida. I am fa	miliar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Regin	stered Agent signs	ture required when reinstating)	DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees			
10,	OFFICERS AND DIREC	TORS			The state of the state of	the figure of the second	
NAME STREET ADDRESS CITY-ST-ZIP	PD EUSTIS, GEORGE F JR 425 PIERCE AVE #503 CAPE CANAVERAL, FL 32920	.			000000903941 04/30/08-80066-01	2 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EUSTIS, PHYLLIS C 425 PIERCE AVE #503 CAPE CANAVERAL, FL 32920						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, state of the sta	. 1	DO	NOT WRITE		
TITLE					THIS SPACE		

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 roustee 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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

George F. Eustis In 4/2/08