

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000054536

1. Entity Name
AUTOMATED HOME SOLUTIONS, INC.



Principal Place of Business
7621 15TH STREET EAST
SUITE 1E
SARASOTA, FL 34243

Mailing Address
7621 15TH STREET EAST
SUITE 1E
SARASOTA, FL 34243

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1696110

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, THOMAS W
7621 15TH STREET EAST
SUITE 1E
SARASOTA, FL 34243

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME TOMLINSON, THOMAS W
STREET ADDRESS 7621 15TH STREET EAST #1E
CITY - ST - ZIP SARASOTA, FL 34243

TITLE VP
NAME HEMMERSBACH, MARK
STREET ADDRESS 7621 15TH STREET EAST #1E
CITY - ST - ZIP SARASOTA, FL 34243

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000552978
05/15/06-80032-025 150.00

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IN 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 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

Date

Daytime Phone #