

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000168444

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** AUTOMATION SERVICES, INC.

**Current Principal Place of Business:**

90 MYSTERIOUS WATERS RD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

90 MYSTERIOUS WATERS RD  
CRAWFORDVILLE, FL 32327 UN

**Current Mailing Address:**

P.O. BOX 1597  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

**FEI Number:** 20-2013621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEE, SHEILA L  
90 MYSTERIOUS WATERS RD.  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** LEE, CHRISTOPHER N  
**Address:** PO BOX 1597  
**City-St-Zip:** CRAWFORDVILLE, FL 32326

**Title:** VD  
**Name:** LEE, SHEILA L  
**Address:** 90 MYSTERIOUS WATERS RD  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

**Title:** ST  
**Name:** LEE, SHEILA L  
**Address:** 90 MYSTERIOUS WATERS RD  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

**SIGNATURE:** SHEILA L LEE

VD

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date