

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097689

Entity Name: PEO AUTOMATION INC.

FILED  
Apr 16, 2008  
Secretary of State

## Current Principal Place of Business:

10151 DEERWOOD PARK BLVD  
BUILDING 200, SUITE 250  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

6428 JACK WRIGHT ISLAND ROAD  
SAINT AUGUSTINE, FL 32092 US

## Current Mailing Address:

10151 DEERWOOD PARK BLVD  
BUILDING 200, SUITE 250  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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

Election Campaign Financing Trust Fund Contribution (X).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHEALY, JOHN  
Address: 6428 JACK WRIGHT ISLAND ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: V ( ) Delete  
Name: SHEALY, JOHN  
Address: 6428 JACK WRIGHT ISLAND ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S ( ) Delete  
Name: SHEALY, JOHN  
Address: 6428 JACK WRIGHT ISLAND ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T ( ) Delete  
Name: SHEALY, JOHN  
Address: 6428 JACK WRIGHT ISLAND ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: SHEALY, JOHN  
Address: 6428 JACK WRIGHT ISLAND ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN SHEALY

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date