

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097689

Entity Name: PEO AUTOMATION INC.

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

6428 JACK WRIGHT ISLAND ROAD
SAINT AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

6428 JACK WRIGHT ISLAND ROAD
SAINT AUGUSTINE, FL 32092 US

FEI Number: 20-3149561

FEI Number Applied For ()

FEI Number Not Applicable ()

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHEALY, JOHN
Address: 6428 JACK WRIGHT ISLAND ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

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

PRES

06/16/2009

Electronic Signature of Signing Officer or Director

Date