## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000085846

6932 SALAMANACA AVE.

JACKSONVILLE, FL 32217 US

Address: City-St-Zip:

Entity Name: EMD AUTOMATION AND CONTROL SOLUTIONS, INC.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MEADOWS WAY WILLE, FL 32256		541232 US HWY #1 CALLAHAN, FL 3201	1 US	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P O BOX 3 JACKSON	3658 WILLE, FL 32206	US	541232 US HWY #1 CALLAHAN, FL 3201	1 US	
FEI Number:	: 20-5101338	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	, GARY G MEADOWS WAY IVILLE, FL 32256		HOWARD, GARY G 541232 US HWY # 1 CALLAHAN, FL 3201	1 US	
	named entity sub e of Florida.	omits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				01/06/2009	
	Electronic	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () De LEA, ERNEST L JF 6708 LINFORD LA JACKSONVILLE, F	R. NE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () De BASS, MAX C 400 BONESET BR FRUIT COVE, FL	ANCH LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (X) De	elete	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ERNEST L. LEA JR. P 01/06/2009