## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P95000025704

Entity Name: AUTO-KINETICS, INC.

FILED Jan 19, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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215 VOLLMER AVENUE OLDSMAR, FL 34677 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1109

OLDSMAR, FL 346771109 US

FEI Number: 59-3306990 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

NELSON, RICHARD D PRES
1135 VICTORIA DRIVE
UNIT #3
DUNEDIN, FL 34698 US

NELSON, RICHARD D PRES
1135 VICTORIA DRIVE
UNIT #3
DUNEDIN, FL 34698 US

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: RICHARD D. NELSON 01/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 ( ) Delete
 Title:
 P,D
 (X) Change ( ) Addition

 Name:
 NELSON, RICHARD
 Name:
 NELSON, RICHARD D PRES

 Address:
 1135 VICTORIA DRIVE, UNIT #3
 Address:
 1135 VICTORIA DRIVE, UNIT #3

City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698

Name: MINTON, HARVEY Name: NELSON, GEORGIA F

Address: 378 FOUNTAINVIEW CIRCLE Address: 215 VOLLMER AVENUE, P.O BOX 985

City-St-Zip: PALM HARBOR, FL 34684 City-St-Zip: OLDSMAR, FL 346770985

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 NELSON, DANIEL
 Name:
 NELSON, DANIEL R

 Address:
 3888 NIGHTHAWK DRIVE
 Address:
 3888 NIGHTHAWK DRIVE

 City-St-Zip:
 PALM HARBOR, FL 34684
 City-St-Zip:
 PALM HARBOR, FL 34684

Title: V ( ) Delete Title: VP (X) Change ( ) Addition
Name: BUCK, MARK Name: BUCK, MARK

Address: 794 CHERRYBROOKE COURT Address: 794 CHERRYBROOKE COURT City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34688

Title: ( ) Delete Title: D ( ) Change (X) Addition
Name: Name: NELSON, CHRISTOPHER C

Address: Address: 215 VOLLMER AVENUE. P.O. BOX 985

City-St-Zip: City-St-Zip: OLDSMAR, FL 346770985

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD D. NELSON P,D 01/19/2004