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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000072850

1. Entity Name
AUTOMATED GATE SYSTEMS, INC.

Principal Place of Business	Mailing Address
911 GOLF VALLEY DRIVE APOPKA, FL 32712	911 GOLF VALLEY DRIVE APOPKA, FL 32712

02/05/04 90008 032 $150.00

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06302004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3466901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, CHUCK JR
~~960 STONE CHAPEL CT~~ 911 GOLF VALLEY DRIVE
APOPKA, FL 32712

7. Name and Address of New Registered Agent

Name

Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEWIS, CHARLES JR 911 GOLF VALLEY DRIVE APOPKA, FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Wendy E Lewis 911 Golf Valley Dr Apopka, Fl 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AUTOMATED GATE SYSTEMS, INC.
911 Golf Valley Drive • Apopka, Florida 32712
Work (407) 884-4283 • Toll Free (877) 814-4283 • Fax (407) 880-4483

July 6, 2004

Division of Corporations
PO Box 6198
Tallahassee, Fl. 32314-6198

To Whom It May Concern:
Automated Gate Systems, Inc. has paid to be incorporated for the upcoming year. I received a notice in the mail stating my corporation will be dissolved if the Corporation does not pay the annual fees. This was done on 2-2-04 and I have enclosed a copy of the canceled check to prove it. Please correct this and return proof this has been done to: Automated Gate Systems, Inc. 911 Golf Valley Dr. Apopka, Fl. 32712.

Thanks,

Chuck Lewis