

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90022 032 ***158.75

DOCUMENT # P99000010661

1. Entity Name
AUTOMATED X-100-SERVICES, INC.



Principal Place of Business
**890 ALA BEACH BLVD
#71
ST AUGUSTINE BEACH, FL 32080**

Mailing Address
**890 ALA BEACH BLVD
#71
ST AUGUSTINE BEACH, FL 32080**

50015469



2. Principal Place of Business
**890 AIA Beach Blvd
Suite, Apt. #, etc.
74**

3. Mailing Address
**890 AIA Beach Blvd
Suite, Apt. #, etc.
74**

02112005 Chg-P CR2E034 (10/03)

City & State
ST. AUGUSTINE BEACH FL.
Zip
32080
Country
USA

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Zip
32080
Country
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4. FEI Number
59-3594970
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DUNCAN, JOHNNY E
390 AIA BEACH BLVD A-3
ST AUGUSTINE, FL 32080**

7. Name and Address of New Registered Agent
Name
DUNCAN JOHNNY E.
Street Address (P.O. Box Number is Not Acceptable)
890 AIA Beach Blvd # 74
City
ST. AUGUSTINE BEACH FL Zip Code
32080

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 **JOHNNY E. DUNCAN**
Signature, typed or printed name of registered agent and title if applicable.

Johnny E. Duncan
(NOTE: Registered Agent signature required when reconstituting)

2-11-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
DUNCAN, JOHNNY E
890 AIA BEACH BLVD #74
ST AUGUSTINE, FL 32080** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME ☐ 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: *Johnny E. Duncan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05 (904) 471-6771
Date Daytime Phone #