
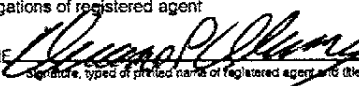
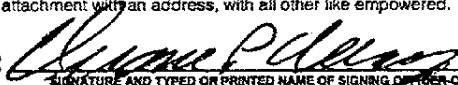


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000046593 1. Entity Name AUTOMATED CONTROL'S TECHNOLOGY, INC.		
Principal Place of Business 4202 THISTLE TER. PL VALRICO, FL 33594		Mailing Address 4202 THISTLE TER. PL VALRICO, FL 33594
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALVARNAZ, DUANE 4202 THISTLE TERRACE PL VALRICO, FL 33594		DO NOT WRITE IN THIS SPACE
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 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUCKER, ELENA 1715 GRAND HARMONY PLACE CARY, NC 27513	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVARNAZ, DUANE 4202 THISTLE TERRACE PL VALRICO, FL 33594	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, JERRY 121 PINE ISLAND DR WINTER HAVEN, FL 33881	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVARNAZ, SHARON 4202 THISTLE TERRACE PL SEFFNER, FL 33584	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/23/04 (813)657-9827 Date Daytime Phone #



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3576174

Applied For
Not Applicable

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

U00000130718
04/26/04-80130-002 150.00

**DO NOT WRITE
IN THIS SPACE**