## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000058873

Address:

City-St-Zip:

15 N. EGLIN PKWY.

FT. WALTON BEACH, FL 32548

FILED Jul 01, 2005 Secretary of State

Entity Nam	ne: AUTOM	ATED TELL	ER SYSTEMS, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
15 N. EGLIN FT. WALTO	N PKWY. ON BEACH,	FL 32548						
Current Mailing Address:				New Maili	New Mailing Address:			
15 N. EGLII FT. WALTO	N PKWY. ON BEACH,	FL 32548						
FEI Number:	65-0975406	FEI Numb	per Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
BEASLEY, J. LARRY 29 N. EGLIN PKWY. FT. WALTON BEACH, FL 32548 US				29 N. EGLÍI	BEASLEY, J. LARRY SR 29 N. EGLIN PKWY. FT. WALTON BEACH, FL 32548 US			
The above in the State		submits this	s statement for the pu	rpose of changing it	s registere	d office or registered agent, or b	oth,	
SIGNATURE: J. LARRY BEASLEY, SR					07/01/2005			
	Electro	nic Signatur	re of Registered Agen	t		Date		
Election Cam	paign Financi	ng Trust Fund	Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TRINGAS, JO 29 N. EGLIN I		2548	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	BEASLEY, J. 29 N. EGLIN I		2548	Title: Name: Address: City-St-Zip:	29 N. EGLIN	(X) Change ( ) Addition J. LARRY SR N PKWY. N BEACH, FL 32548		
Title: Name:	D ( TUCKER, JAN	) Delete /IES W		Title: Name:		( ) Change ( ) Addition		

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.

Address:

City-St-Zip:

SIGNATURE: J LARRY BEASLEY, SR D 07/01/2005