


**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90015 018 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000052744</b>			
1. Entity Name <b>R2 AUTOMATION, INC.</b>			
Principal Place of Business <b>255 S ORANGE AVE, 17TH FLOOR ORLANDO, FL 32801</b>		Mailing Address <b>255 S ORANGE AVE, 17TH FLOOR ORLANDO, FL 32801</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>37-1468538</b>		Applied For (Not Applicable)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. 255 S ORANGE AVE, 17TH FLOOR ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. The above named entity submits this report 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: <i>[Signature]</i>		CEO <b>4-30-04</b>	
- 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>REMIUS, RONALD L 22550 AUTUMN PARK BLVD NOVI, MI 48374</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>REMIUS, RONALD L 3873 ALAQUA DRIVE TROY, MI 48063</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(C), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature and name have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or trustee emeritus of the corporation; and that my name appears in Block 10 or Block 11 of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of this report as required by Chapter 607, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		<b>4-30-04 407-333-3051</b>	