


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000004188 1. Entity Name ADVANCED CONTROL SYSTEMS, INC.	
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Principal Place of Business 2755 NORTHWOODS PARKWAY NORCROSS, GA 30071	Mailing Address PO BOX 922548 NORCROSS, GA 30010-2548
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01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1224052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MUENCH, JOHN M 7327 HORIZON DRIVE WEST PALM BEACH, FL 33412
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	PC MUENCH, JOHN M 7327 HORIZON ROAD WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, DAVE 4596 SMOKE RISE LANE MARIETTA, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUENCH, REGINA 7327 HORIZON DRIVE WEST PALM BEACH, FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSS, GERALD M PO BOX 920519 NORCROSS, GA 300100519
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, GRADY 2214 INGRAM ROAD DULUTH, GA 30136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000285989
04/09/05-80050-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  01-17-05 770-446-8854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #