


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000069675
 1. Entity Name
 A/C SERVICE, SOLUTIONS & CONSULTANTS, INC.



Principal Place of Business 2710 DEL PRADO BLVD. SOUTH 2-318 CAPE CORAL, FL 33904	Mailing Address 2710 DEL PRADO BLVD. SOUTH 2-318 CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4902627	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

ZIGO, FRANCIS
 520 S.E. 32ND TERRACE
 CAPE CORAL, FL 33904

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZEMANSKI, ROBERT 1140 S.W. 8TH STREET CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ZIGO, FRANCIS 520 S.E. 32ND TERRACE CAPE CORAL, FL 33904
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 01/11/08-80028-020-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Francis Zigo SECRETARY Francis Zigo 1/9/08 239-691-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #