

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92348

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: APPLIED COMPUTER SERVICES, INC.

## Current Principal Place of Business:

6622 SOUTHPOINT DRIVE S.  
SUITE 310  
JACKSONVILLE, FL 322166188

## New Principal Place of Business:

## Current Mailing Address:

6622 SOUTHPOINT DRIVE S.  
SUITE 310  
JACKSONVILLE, FL 322166188

## New Mailing Address:

FEI Number: 59-3022130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, GAMBRELL & RUSSELL, LLP  
50 N. LAURA ST.  
SUITE 2600  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCP ( ) Delete  
Name: ARCAINI, GIANNI B  
Address: 7889 HUNTERS GROVE RD.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VT ( ) Delete  
Name: WEEKS, CONNIE  
Address: 6858 PLUM LAKE LANE E.  
City-St-Zip: JACKSONVILLE, FL 32222

Title: VS ( ) Delete  
Name: BOLLMAN, INDIE B  
Address: 6858 PLUM LAKE LANE E.  
City-St-Zip: JACKSONVILLE, FL 32222

Title: VS (X) Delete  
Name: BOLLMAN, INDIE B  
Address: 10927 HEATHFIELD RD.  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS (X) Change ( ) Addition  
Name: BOLLMAN, INDIE B  
Address: 10927 HEATHFIELD RD.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: GIANNI B. ARCAINI

DCP

04/25/2005

Electronic Signature of Signing Officer or Director

Date