


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90011 027 \*\*\*150.00

<b>DOCUMENT # F01000004188</b> 1. Entity Name <b>ADVANCED CONTROL SYSTEMS, INC.</b>					
Principal Place of Business <b>2755 NORTHWOODS PARKWAY NORCROSS, GA 30071</b>				Mailing Address <b>PO BOX 922548 NORCROSS, GA 30010-2548</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MUENCH, JOHN M 4800 NORTH A1A UNIT 508 VERO BEACH, FL 32963</b>				Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>7327 HORIZON DRIVE</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33412</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MUENCH, JOHN M</b>		NAME	<b>7327 HORIZON DRIVE</b>	
STREET ADDRESS	<b>4800 NORTH A1A, UNIT 508</b>		STREET ADDRESS	<b>WEST PALM BEACH, FL 33412</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33412</b>	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOORE, DAVE</b>		NAME		
STREET ADDRESS	<b>4596 SMOKE RISE LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARIETTA, GA 30062</b>		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MUENCH, REGINA</b>		NAME	<b>7327 HORIZON DRIVE</b>	
STREET ADDRESS	<b>4800 NORTH A1A, UNIT 508</b>		STREET ADDRESS	<b>WEST PALM BEACH, FL 33412</b>	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>		CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33412</b>	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROSS, GERALD M</b>		NAME		
STREET ADDRESS	<b>PO BOX 920519</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORCROSS, GA 300100519</b>		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COLEMAN, GRADY</b>		NAME		
STREET ADDRESS	<b>2214 INGRAM ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DULUTH, GA 30136</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE: <u>Gerald M. Ross</u> GERALD M. ROSS 1-6-04 770.446.8854</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					