


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000000827	
1. Entity Name ASSET CONTROL SERVICES, INC OF ALABAMA	

Principal Place of Business P.O. BOX 386 FAIRHOPE, AL 36533	Mailing Address P.O. BOX 386 FAIRHOPE, AL 36533
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1158290	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTIN, ROBERT M 3655 SCENIC SWY 98 #705-A DESTIN, FL 32541-4747
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 MCDANIEL, JAMES H 403 CLUBHOUSE DR FAIRHOPE, AL 36532	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MCDANIEL, SYDNEY C 403 CLUBHOUSE DR FAIRHOPE, AL 36532	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASHAM, DAVID L 1661 VETERANS MEMORIAL HWY AUSTELL, GA 30168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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02/17/06-80012-021 150.00

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: <u>Sydney C. McDaniel</u> SYDNEY C. MCDANIEL <u>2/3/06</u> <u>251-625-0707</u>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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