2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # H47030

FILED Jan 26, 2007 8:00 am Secretary of State

DOCUMENT # H47030 1. Entity Name ADVANCED CONTROL CONCEPTS, INC.					01-26-2007 90032 043 ***150.00				
Principal Place	e of Business	Mailing Address							
1502 N 9TH AVE PENSACOLA, FL 32503 US		1502 N 9TH AVE Pensacola, FL 32503 US							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					. 6150 6160 6160 6160 6164		
City & State		City & State		01152007 4. FEI Number	Chg-P	CR2E034 (12/06) Applied For			
					59-2500070 Not Applicable				
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	☐ \$8.75 Fee Req	Additional uired	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered Agent		
TAYLOR, JEFFREY V.					eet Address (P.O. Box Number is Not Acceptable)				
711 ROANOKE COURT GULF BREEZE, FL 32561									
				City			FL Zip (Code	
The above named entity submits this statement for the purpose of changing its re				ed office or register					
	Signature, typed or printed name of registered ages E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550	9. Election Campa	aign Fina		d when reinstating) i.00 May Be ded to Fees		DATE		
10.	OFFICERS ANI	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECT	ORS IN 11	
TITLE NAME	ST TAYLOR, JEFFERY V.	Delete	TITL NAN	i			Char	nge 🔲 Addition	
STREET ADDRESS	711 ROANOKE COURT		STA	eet address					
CFTY-ST-ZIP	GULF BREEZE, FL		CITY	'-ST-ZIP	*******				
TITLE NAME	P WALKER, SCOTT K.	☐ Delete	TIT.				☐ Char	nge 🔲 Addition	
STREET ADDRESS	l '			EET ADDRESS					
CITY+ST-ZIP	GULF BREEZE, FL			'-ST-2 P	·····		**************************************	, , , , , , , , , , , , , , , , , , ,	
TITLE NAME		C Delete	TITE NAA	i			Chai	nge 🔲 Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				'-ST-ZIP					
TITLE NAME		☐ Delete	TITL				Cha	nge 🗌 Addition	
STREET ADDRESS	i		9	EET ADDRESS					
CITY-ST-ZIP	<u> </u>		CIT	/-ST-ZIP					
TITLE NAME		Delete	TITL	;			Cha	nge 🗔 Addition	
STREET ADDRESS			8	eet address					
CITY-ST-ZIP			CIT	r-\$t-zip					
TITLE		☐ Delete	TITL	1			Cha	nge 🔲 Addition	
NAME STREET ADDRESS			NAM STR	AE EET ADDRESS					
CITY-ST-ZIP			2	r-ST-ZIP					
indicated of the co	certify that the information supplied wid on this report or supplemental report poration or the receiver or trustee em, or on an attachment with applications.	is true and accurate and that powered to execute this repor	my signa rt as requ	iture shall have the	e same legat effec	t as if made under	oath; that I am an of	ticer or director	