

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90188 009 ***150.00

DOCUMENT # K54557

1. Entity Name
ACS SECURITY SYSTEMS, INC.



Principal Place of Business

**403 TRESKA RD.
UNIT 4
JACKSONVILLE, FL 32225 US**

Mailing Address

**403 TRESKA RD.
UNIT 4
JACKSONVILLE, FL 32225 US**

60036318



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2920653

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEPRELL, SAMUEL L.
1930 SAN MARCO BOULEVARD
SUITE 201 ST MARK'S PLACE
JACKSONVILLE, FL 32207**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, HERBERT K. 403 TRESKA RD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MORRIS, HERBERT K. 403 TRESKA RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS MORRIS, BONNIE J. 13664 BROMLEY POINT DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 (904) 725-2240

Date

Daytime Phone #