

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # K54557

1. Entity Name

ACS SECURITY SYSTEMS, INC.



Principal Place of Business

403 TRESCA RD.
UNIT 4
JACKSONVILLE, FL 32225 US

Mailing Address

403 TRESCA RD.
UNIT 4
JACKSONVILLE, FL 32225 US



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2920653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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04/22/08-80008-007 150.00

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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

Date

Daytime Phone #