

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L14337

Entity Name: ACCS, INC.

FILED  
Jan 05, 2004  
Secretary of State

## Current Principal Place of Business:

400 COMMERCE WAY  
108  
LONGWOOD, FL 32750 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 52-1493  
LONGWOOD, FL 327521492 US

## New Mailing Address:

FEI Number: 59-2968662      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAIS, DAVID A.  
206 E. OAKHURST ST.  
ALTAMONTE SPRINGS, FL 32701 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KRAIS, DAVID A.,  
Address: 206 E. OAKHURST ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VIT ( ) Delete  
Name: MASTERS, TROY  
Address: 955 W. BLUE SPRINGS AVENUE  
City-St-Zip: ORANGE CITY, FL 32763

Title: VMPS ( ) Delete  
Name: KRUSE, PAUL  
Address: 2918 FALLING TREE CIRCLE  
City-St-Zip: ORLANDO, FL 32837

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KRAIS, DAVID A  
Address: 206 E. OAKHURST ST.  
City-St-Zip: ALTAMONTE SPRINGS, FL

Title: VIT (X) Change ( ) Addition  
Name: MASTERS, TROY A  
Address: 955 W. BLUE SPRINGS AVENUE  
City-St-Zip: ORANGE CITY, FL 32763

Title: VMPS (X) Change ( ) Addition  
Name: KRUSE, PAUL H  
Address: 11 DIAL AVE  
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KRAIS

P

01/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date