

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92348

FILED
Apr 28, 2006
Secretary of State

Entity Name: APPLIED COMPUTER SERVICES, INC.

Current Principal Place of Business:

6622 SOUTHPOINT DRIVE S.
SUITE 310
JACKSONVILLE, FL 322166188

New Principal Place of Business:

Current Mailing Address:

6622 SOUTHPOINT DRIVE S.
SUITE 310
JACKSONVILLE, FL 322166188

New Mailing Address:

FEI Number: 59-3022130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, GAMBRELL & RUSSELL, LLP
50 N. LAURA ST.
SUITE 2600
JACKSONVILLE, FL 32202 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: DCP () Delete
Name: ARCAINI, GIANNI B
Address: 7889 HUNTERS GROVE RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: VT () Delete
Name: WEEKS, CONNIE
Address: 6858 PLUM LAKE LANE E.
City-St-Zip: JACKSONVILLE, FL 32222

Title: VS (X) Delete
Name: BOLLMAN, INDIE B
Address: 10927 HEATHFIELD RD.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTS (X) Change () Addition
Name: WEEKS, CONNIE
Address: 6858 PLUM LAKE LANE E.
City-St-Zip: JACKSONVILLE, FL 32222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CONNIE WEEKS

VTS

04/28/2006

Electronic Signature of Signing Officer or Director

Date