

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002562

Entity Name: A.C.T.S. INC.

FILED
Jan 23, 2004
Secretary of State

Current Principal Place of Business:

12422 SW 251 TERRACE
HOMESTEAD, FL 330325929

New Principal Place of Business:

Current Mailing Address:

12422 SW 251 TERRACE
HOMESTEAD, FL 330325929

New Mailing Address:

FEI Number: 01-0656863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULKLEY, JAMES W
12422 SW 251 TERRACE
HOMESTEAD, FL 330325929

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KNIGHT, KEN
Address: 21 FARMINGTON ST
City-St-Zip: MANCHESTER, CT 06040

Title: PD () Delete
Name: ROBINSON, DOW F
Address: 1470 GAYFORD DR
City-St-Zip: MOBILE, AL 36695

Title: VPD () Delete
Name: MCCARTY, MIKE M
Address: 738 VIRGINIA AVE
City-St-Zip: MC COMB, MS 39648

Title: STD () Delete
Name: BURKLEY, JAMES W
Address: 12422 SW 251 TERRACE
City-St-Zip: HOMESTEAD, FL 33032

Title: M () Delete
Name: KNIGHT, ROB
Address: 21 FARMINGTON ST
City-St-Zip: MANCHESTER, CT 06040

Title: M () Delete
Name: HIGHTOWER, BILL
Address: 5260 DAWES RD
City-St-Zip: GRAND BAY, AL 36541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: STD (X) Change () Addition
Name: BULKLEY, JAMES W
Address: 12422 SW 251 TERRACE
City-St-Zip: HOMESTEAD, FL 33032

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W BULKLEY

STD

01/23/2004

Electronic Signature of Signing Officer or Director

Date