

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000005811**

1. Entity Name  
ACS GROUP, INC.



Principal Place of Business  
1515 N WESTSHORE BLVD  
TAMPA, FL 33607

Mailing Address  
1515 N WESTSHORE BLVD  
TAMPA, FL 33607



04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
20-2714323

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**

O'BRIEN, THOMAS E  
1515 N WESTSHORE BLVD  
TAMPA, FL 33607

**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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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	CEO O'BRIEN, THOMAS E 315 INNER HARBOUR CIRCLE TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKEE, ROBERT A 2916 CYPRESS RIDGE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKEWELL, KEVIN W 12594 92ND WAY NORTH LARGO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000828074  
05/16/08-80017-003 61.25

**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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kevin W. Bakewell* **KEVIN W. BAKEWELL** 4/22/08 (813)289-5057