2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000095176

ACS SECURITY INSTALLATION & MAINTENANCE, INC.

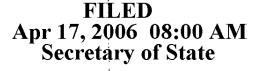


Principal Place of Business

403 TRESCA RD. JACKSONVILLE, FL 32225 Mailing Address

403 TRESCA RD.

IACKSONVILLE, FL 32225





DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04112006 No Chg-P

4. FEI Number 59-3676104

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 STE. 201, ST. MARK'S PLACE 1930 SAN MARCO BLVD. JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

		l.			1	
8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registered o	ffice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	pt
SIGNATURE_						
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Age	nt signature	(Qnitelanier neme besituper	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		 Election Campaign Financing Trust Fund Contribution. 	; 	\$5.00 May Be Added to Fees	000000513365 04/29/06-80127-008 150.00	
10.	OFFICERS AND DIREC	TORS				_
TITLE NAME STREET ADDRESS	D MORRIS, HERBERT K 403 TRESCA RD.					
CITY-ST-ZIP	JACKSONVILLE, FL 32225				- •	
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	D MOYERS, RICHARD E 3430 HOOVER LANE JACKSONVILLE, FL 32277				; ;	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MORRIS, HERBERT K 403 TRESCA RD. JACKSONVILLE, FL 32225			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MOYERS, RICHARD E 3430 HOOVER LANE JACKSONVILLE, FL 32277		IN THIS SPACE			
TITLE NAME STREET ADDRESS						

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 507, 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.

CITY-ST-ZP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Herb K. Morris, President

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIF