


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90031 027 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P06000101837</b>                               |  |
| 1. Entity Name<br><b>AUTOMATED CONSULTING SERVICES, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>1536 COMMERCIAL PK DR<br/>STE 6<br/>LAKELAND, FL 33801</b> | Mailing Address<br><b>1536 COMMERCIAL PK DR<br/>STE 6<br/>LAKELAND, FL 33801</b> |
|--|--|

**50000448**

|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>3635 US Hwy 92 E</b> | 3. Mailing Address<br><b>P.O. Box 1068</b> |
| Suite, Apt. #, etc.<br><b>Suite 100</b>                                   | Suite, Apt. #, etc.                        |
| City & State<br><b>Lakeland, FL</b>                                       | City & State<br><b>Lakeland, FL</b>        |
| Zip<br><b>33801</b>   | Country<br><b>U.S.</b>                     |
| Zip<br><b>33840</b>   | Country<br><b>U.S.</b>                     |



03132008 Chg-P CR2E034 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>45-0545610</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>LANGTON, SCOTT<br/>117 S FLORIDA AVE<br/>LAKELAND, FL 33801</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|---|---|

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 *Scott Langton*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/17/2008**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>AUBIN, GEORGE J SR.<br>1536 COMMERCIAL PK DR STE 6<br>LAKELAND, FL 33801 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>AUBIN, BENJAMIN E<br>1536 COMMERCIAL PK DR STE 6<br>LAKELAND, FL 33801 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>EBERSOLE, RONALD E<br>1536 COMMERCIAL PK DR STE 6<br>LAKELAND, FL 33801 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>AUBIN, CYNTHIA M<br>1536 COMMERCIAL PK DR STE 6<br>LAKELAND, FL 33801 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 607, 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.

SIGNATURE: *Cynthia Aubin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/17/08**  
Date

**863-665-8718**  
Daytime Phone #