2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P33316

1. Entity Name
ACS TECHNOLOGIES GROUP, INC.

Principal Place of Business	Mailing Address
180 NORTH DUNBARTON DRIVE FLORENCE, SC 29502	P.O. BOX 202010 FLORENCE, SC 29502-2010

04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-0660520
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARDS, DOROTHY V
1813 LITHIA PINECREST RD
VALRICO, FL 33594

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CAMPBELL, WILLIAM D.
STREET ADDRESS	425 S. CASHUA DR.
CITY-ST-ZIP	FLORENCE, SC
TITLE	VCD
NAME	ROGERS, THOMAS J.
STREET ADDRESS	POB 2398 / 130 OCALA ST
CITY-ST-ZIP	MYRTLE BEACH, SC
TITLE	PD
NAME	CAMPBELL, T. HAL
STREET ADDRESS	1019 PARK AVE.
CITY-ST-ZIP	FLORENCE, SC
TITLE	VD
NAME	OWEN, J. MARVIN
STREET ADDRESS	1608 BRANDEN DR.
CITY-ST-ZIP	FLORENCE, SC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: T. Hal Campbell T. Hal Campbell, Pres. 4/29/04 843-413-8032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #