

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P33316

1. Entity Name
ACS TECHNOLOGIES GROUP, INC.



Principal Place of Business
**180 NORTH DUNBARTON DRIVE
FLORENCE, SC 29502**

Mailing Address
**P.O. BOX 202010
FLORENCE, SC 29502-2010**



04262005 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**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

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05/04/05-80158-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Webster & Sons LLP

P.O. Box 6289
Florence, SC 29502-6289