

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-10-2006 90093 010 ***150.00

DOCUMENT # P95000006910 1. Entity Name A.C.S. HAGEN, INC.	
---	---

Principal Place of Business C/O DAVID G. ARMSTRONG 4600 N. OCEAN BLVD., #206 BOYNTON BEACH, FL 33435	Mailing Address C/O DAVID G. ARMSTRONG 4600 N. OCEAN BLVD., #206 BOYNTON BEACH, FL 33435
---	---



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0576583	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent YOUSE, LYNN S C/O DAVID G. ARMSTRONG 4600 N. OCEAN BLVD., #206 BOYNTON BEACH, FL 33435
--

**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 of principal officer or registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	VD HAGEN, A. CONSUELO S 1201 GEORGE BUSH BLVD DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YOUSE, LYNN S 4600 N. OCEAN BLVD., #206 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 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.

BY: **LYNN S. YOUSE, PRESIDENT, A.C.S. HAGEN, INC.**

SIGNATURE: *Lynn S. Youse* 6/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Yr