2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000083868

1. Entity Name
ADVANCED COMMUNICATION AND SECURITY, INC.

Principal Place of Business	Mailing Address
4520 SE 15TH ST OCALA, FL 34471	4520 SE 15TH ST OCALA, FL 34471

04232004   Chg-P   CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3405354	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPICOCHI, JACK L 4520 SE 15TH ST OCALA, FL 34471	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City ___ FL ___ 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 _____

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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	VP SPICOCHI, CHRISTINE M. 4520 SE 15TH ST OCALA, FL 34471	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACK, SPICOCHI 4520 SE 15TH ST OCALA, FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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: _____ Jack Spicochi, President 4/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #