

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000041121

1. Entity Name
ACS SERVICES, INC.



Principal Place of Business
**17179 TERRAVERDE CIRCLE
UNIT 106
FORT MYERS, FL 33908**

Mailing Address
**17179 TERRAVERDE CIRCLE
UNIT 106
FORT MYERS, FL 33908**



01242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0919587

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**NORMA, MORAUSKI
17179 TERRAVERDE CIRCLE UNIT 106
FORT MYERS, FL 33908**

**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, 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	PS
NAME	MORAUSKI, NORMA
STREET ADDRESS	17179 TERRAVERDE CIR. UNIT 106
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	VT
NAME	MORAUSKI, GERALD
STREET ADDRESS	17179 TERRAVERDE CIRCLE UNIT 106
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/04-80035-023 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239 997-7728