


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000041121 1. Entity Name ACS SERVICES, INC.	
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Principal Place of Business 17179 TERRAVERDE CIRCLE UNIT 106 FORT MYERS, FL 33908	Mailing Address 17179 TERRAVERDE CIRCLE UNIT 106 FORT MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



03072006 No Chg-P CR2E034 (11/05)

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

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000474172 04/04/06-80012-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MORAUSKI, NORMA 17179 TERRAVERDE CIR. UNIT 106 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MORAUSKI, GERALD 17179 TERRAVERDE CIRCLE UNIT 106 FORT MYERS, FL 33908
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norma J. Morauski Norma Morauski 3-8-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #