2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90148 022 ***150.00

DOCUMENT # P99000041121

1. Entity Name
ACS SERVICES, INC.

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

04212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5483 Capbeen Ct	5483 Capbeen Ct.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Fort Myers Fl.	City & State: Fort Myers Fl.
Zip: 33919 Country: Lee	Zip: 33919 Country: Lee

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

7. Name and Address of New Registered Agent

Name: Norma Morauski
Street Address (P.O. Box Number is Not Acceptable): 5483 CAPBERN CT
City: Fort Myers, FL 33919 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, 2008 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	PS MORAUSKI, NORMA 17179 TERRAVERDE CIR. UNIT 106 FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MORAUSKI, GERALD 17179 TERRAVERDE CIRCLE UNIT 106 FORT MYERS, FL 33908	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: ✓ Norma Morauski 04-21-08 ✓ 239-466-4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date [illegible]