

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K54557

**Entity Name:** ACS SECURITY SYSTEMS, INC.

**Current Principal Place of Business:**

403 TRESKA RD.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

403 TRESKA RD.  
JACKSONVILLE, FL 32225 US

**FEI Number:** 59-2920653

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEPRELL, SAMUEL L.  
1930 SAN MARCO BOULEVARD  
SUITE 201 ST MARK'S PLACE  
JACKSONVILLE, FL 32207 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name MORRIS, HERBERT K  
Address 403 TRESKA RD  
City-State-Zip: JACKSONVILLE FL 32225

Title PT  
Name MORRIS, HERBERT K  
Address 403 TRESKA RD.  
City-State-Zip: JACKSONVILLE FL 32225

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HERBERT K MORRIS

ACS SECURITY SYSTEMS 03/18/2025  
INC

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date