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: MATTHEW W JONES PTD

Officer/Director Detail :			
Title	PTD	Title	VSD
Name	JONES, MATTHEW W.	Name	JONES, DAVID C.
Address	6001 NE 14TH AVE	Address	6001 NW 14TH AVE
City-State-Zip:	FORT LAUDERDALE FL 33334	City-State-Zip:	FORT LAUDERDALE FL 33334

# 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# L75495

Entity Name: ADVANCED CONTROL CORPORATION, INC.

#### **Current Principal Place of Business:**

6001 N.E. 14TH AVENUE FT. LAUDERDALE. FL 33334

### **Current Mailing Address:**

6001 N.E. 14TH AVENUE FT. LAUDERDALE. FL 33334 US

## FEI Number: 65-0198848

Name and Address of Current Registered Agent:

HEIMOVICS, JOSEPH BESQ 15951 SW 41ST STREET SUITE 800 DAVIE, FL 33331 US

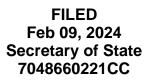
SIGNATURE:

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.

Electronic Signature of Registered Agent

Certificate of Status Desired: No

02/09/2024 Date



Date

Electronic Signature of Signing Officer/Director Detail