


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # J12991
 1. Entity Name
ASSOCIATED COMPUTER SYSTEMS, INC.



<i>Principal Place of Business</i>	<i>Mailing Address</i>
215 LITHIA PINECREST RD BRANDON, FL 33511-5307 US	215 LITHIA PINECREST RD BRANDON, FL 33511-5307 US

DO NOT WRITE IN THIS SPACE



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2672424	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OTTE, ALAN
 13604 PUB PLACE
 TAMPA, FL 33624

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

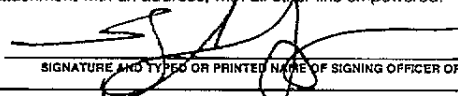
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIMMEL, JEFFREY C.
STREET ADDRESS	1011 MORFIELD LANE
CITY - ST - ZIP	BRANDON, FL 33510
TITLE	PTSC
NAME	JAEGER, ROY J.
STREET ADDRESS	2825 FAIRWAY VIEW DR.
CITY - ST - ZIP	VALRICO, FL 33594
TITLE	AS
NAME	WEINBERGER, DOREEN M
STREET ADDRESS	1524 HENRY BAGLEY ROAD
CITY - ST - ZIP	LITHIA, FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  **1 JULY 04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #