


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J68675
 1. Entity Name
A-1 ACCESS CONTROL SYSTEMS, INC.



Principal Place of Business Mailing Address
5022 20TH AVENUE SOUTH **5022 20TH AVENUE SOUTH**
TAMPA, FL 33619 US **TAMPA, FL 33619 US**

DO NOT WRITE IN THIS SPACE



02232006 No Chg. F CRZE034 (11/05)

4. FEI Number 59-2803272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
CLINE, JOHN
5022 20TH AVENUE SOUTH
TAMPA, FL 33619

DO NOT WRITE 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 _____ (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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLINE, JOHN 8009 RIVERWOOD ESTATE PLACE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLINE, JOHN 8009 RIVERWOOD ESTATE PLACE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADAMS, JEFF A. 4603 POINSETTIA AVENUE TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John A. Cline **JOHN A. CLINE** 2-23-06 (813)242-4669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #