

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68675

**FILED**  
**Feb 02, 2009**  
**Secretary of State**

**Entity Name:** A-1 ACCESS CONTROL SYSTEMS, INC.

**Current Principal Place of Business:**

5022 20TH AVENUE SOUTH  
TAMPA, FL 33619 US

**New Principal Place of Business:**

**Current Mailing Address:**

5022 20TH AVENUE SOUTH  
TAMPA, FL 33619 US

**New Mailing Address:**

**FEI Number:** 59-2803272      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CLINE, JOHN  
5022 20TH AVENUE SOUTH  
TAMPA, FL 33619 US

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CLINE, JOHN  
Address: 8009 RIVERWOOD ESTATE PLACE  
City-St-Zip: RIVERVIEW, FL 33569

Title: DV ( ) Delete  
Name: CLINE, JOHN,  
Address: 8009 RIVERWOOD ESTATE PLACE  
City-St-Zip: RIVERVIEW, FL 33569

Title: DV ( ) Delete  
Name: ADAMS, JEFF A.,  
Address: 4603 POINSETTIA AVENUE  
City-St-Zip: TEMPLE TERRACE, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN A. CLINE

DP

02/02/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date