

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000115134

**Entity Name:** ACCESSIBLE SOLUTIONS, INC.**Current Principal Place of Business:**840 N. COCOA BLVD.  
D  
COCOA, FL 32922**Current Mailing Address:**P.O. BOX 541489  
MERRITT ISLAND, FL 32954 US**FEI Number: 22-3890737****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PROSSER, GREGORY H  
840 N. COCOA BLVD.  
D  
COCOA, FL 32922 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	VP
Name	DUFFY, DONALD JMR.
Address	3145 SAVANNAHS TR.
City-State-Zip:	MERRITT ISLAND FL 32953

Title	CNTR
Name	DUFFY, NANCY LMRS.
Address	3145 SAVANNAHS TR.
City-State-Zip:	MERRITT ISLAND FL 32953

Title	PRES, CEO
Name	PROSSER, GREGORY HMR.
Address	3210 SAVANNAHS TR.
City-State-Zip:	MERRITT ISLAND FL 32953

Title	VP
Name	PROSSER, SARAH EMRS.
Address	3145 SAVANNAHS TR.
City-State-Zip:	MERRITT ISLAND FL 32953

*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: GREGORY H PROSSER****CEO****01/11/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date