

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000075601

**FILED**  
**May 04, 2020**  
**Secretary of State**  
**6004995112CC**

**Entity Name:** ACCESS BENEFITS COUNSELING INC

**Current Principal Place of Business:**

462 NEW BERLIN RD  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

462 NEW BERLIN RD  
JACKSONVILLE, FL 32218 US

**FEI Number:** 83-2403323

**Certificate of Status Desired:** No

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

HURTADO, JORDAN  
462 NEW BERLIN RD  
JACKSONVILLE, FL 32218 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 P  
Name HURTADO, JORDAN  
Address 462 NEW BERLIN RD  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name HURTADO, PATRICIA A  
Address 352 PONCE BLVD  
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY  
Name HURTADO, VLEETA  
Address 253 AMBER RIDGE RD  
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER  
Name HURTADO, KELLY  
Address 12225 HAGAN CREEK DR  
City-State-Zip: JACKSONVILLE FL 32218

Title ASST. TREASURER  
Name HURTADO, EDDY  
Address 12225 HAGAN CREEK DR  
City-State-Zip: JACKSONVILLE FL 32218

Title OFFICER  
Name HURTADO, CARLOS  
Address 347 SAGO AV  
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR  
Name HURTADO, STEVEN  
Address 352 PONCE BLVD  
City-State-Zip: JACKSONVILLE FL 32218

*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:** JORDAN HURTADO

**PRESIDENT**

**05/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date