


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90170 044 ***150.00

| | |
|---|---|
| DOCUMENT # F02000001321 |  |
| 1. Entity Name ACCESS MORTGAGE SERVICES, INCORPORATED | |

| | |
|---|--|
| Principal Place of Business 633 LACEY ROAD FORKED RIVER, NJ 08731 | Mailing Address 5581 BROADCAST P.O. BOX 388 FORKED RIVER, NJ 08731 |
|---|--|

FL 342404003557



01242005 No Chg-P CR2E034 (10/03)


DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 22-3094110 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent G-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 R Bruce Hughes 13227 Palms Creek Bradenton, FL 34202 | |
|--|--|

**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 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | CP HUGHES, R. BRUCE 633 LACEY ROAD 5581 Broadcast Ct #103 FORKED RIVER, NJ 08731 Sarasota, FL 34240 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S HUGHES, SHERYL A 633 LACEY ROAD 5581 Broadcast Ct #103 FORKED RIVER, NJ 08731 Sarasota, FL 34240 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

941-388-0964

Daytime Phone #