

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90066 043 ****61.25

DOCUMENT # N02000004154

1. Entity Name
ACCESS HERNANDO, INC.



Principal Place of Business
**14540 CORTEZ BOULEVARD
SUITE 204
BROOKSVILLE, FL 34601**

Mailing Address
**14540 CORTEZ BOULEVARD
SUITE 204
BROOKSVILLE, FL 34601**

24002308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
41-2047765

Applied For
Not Applicable

Zip
34613

Country

Zip
34613

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAGS, JEAN
20 NORTH MAIN STREET
ROOM 161
BROOKSVILLE, FL 34601**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BLACKBURN, ROBERT DR.
STREET ADDRESS 10494 NORTHCLIFFE BLVD.
CITY-ST-ZIP SPRING HILL, FL 34608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GARCIA, HUBERT DR.
STREET ADDRESS 10085 CORTEZ BOULEVARD
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE VD ☒ Change ☐ Addition
NAME Garcia, Hubert Dr.
STREET ADDRESS 8425 Northcliffe Blvd. Ste. 110
CITY-ST-ZIP Spring Hill, FL 34606

TITLE SD ☐ Delete
NAME SMITH, MICKEY
STREET ADDRESS 11375 CORTEZ BLVD
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BARB, TOM
STREET ADDRESS POST OFFICE BOX 37
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME AUGUSTINE, JOSE DR.
STREET ADDRESS 14555 CORTEZ BLVD. #1
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MEHTA, MURKESH DR.
STREET ADDRESS 700 DESOTO AVENUE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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: Robert G. Blackburn President

1-12-04 352-686-3991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #