

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90024 016 \*\*\*\*61.25

**DOCUMENT # N02000004154**

1. Entity Name  
**ACCESS HERNANDO, INC.**



Principal Place of Business  
**14540 CORTEZ BOULEVARD  
SUITE 204  
BROOKSVILLE, FL 34613**

Mailing Address  
**14540 CORTEZ BOULEVARD  
SUITE 204  
BROOKSVILLE, FL 34613**

**40003490**



2. Principal Place of Business  
**191 East Jefferson Street**  
Suite, Apt. #, etc.

3. Mailing Address  
**191 East Jefferson Street**  
Suite, Apt. #, etc.

01102005 Chg-NP CR2E037 (10/03)

City & State  
**Brooksville, FL**

City & State  
**Brooksville, FL**

4. FEI Number  
**41-2047765**

Applied For  
Not Applicable

Zip  
**34601**

Country  
**Hernando**

Zip  
**34601**

Country  
**Hernando**

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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, 2005**

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**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

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

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

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

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: *Thomas Barb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

352-540-6000

Date

Daytime Phone #