


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State


04-15-2004 90005 005 ****61.25

DOCUMENT # N03000010703	
1. Entity Name ACCESSESCAMBIA, INC.	

Principal Place of Business 1717 N "E" ST STE 320 PENSACOLA FL 32501	Mailing Address 1717 N "E" ST STE 320 PENSACOLA FL 32501
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1717 N "E" St. Suite, Apt. #, etc. Ste.320, Attn. J.Kehoe	
City & State		City & State Pensacola, FL	
Zip	Country	Zip	Country
		32501	USA

34055456



MOORE CR2E037 (11/03)

4. FEI Number	<input checked="" type="checkbox"/> 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 JACKSON, RONALD E 900 N 12 AVE PENSACOLA FL 32501	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	JACKSON, RONALD E
STREET ADDRESS	900 N 12 AVE
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> Delete
NAME	MAYGARDEN, JERRY L
STREET ADDRESS	1717 N "E" ST STE 320
CITY-ST-ZIP	PENSACOLA FL 32501
TITLE	<input type="checkbox"/> Delete
NAME	NICKELSEN, ERIC
STREET ADDRESS	17 W CEDAR ST STE 3
CITY-ST-ZIP	PENSACOLA FL 32502
TITLE	<input type="checkbox"/> Delete
NAME	RITCHIE, BUZZ
STREET ADDRESS	40 N PALAFOX ST
CITY-ST-ZIP	PENSACOLA FL 32502
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chairman
STREET ADDRESS	Tait, Tommy
CITY-ST-ZIP	101 W. Garden St. Pensacola, FL 32501
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice Chairman
STREET ADDRESS	Vickery, Jim
CITY-ST-ZIP	1717 N. "E" St., Ste. 320 Pensacola, FL 32501
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, Dennis
STREET ADDRESS	8383 N. Davis Hwy.
CITY-ST-ZIP	Pensacola, FL 32514
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ritchie, Buzz
STREET ADDRESS	40 N. Palafox St.
CITY-ST-ZIP	Pensacola, FL 32502
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kincaid, M.D., Robert L.
STREET ADDRESS	6715 Hwy. 98 W.
CITY-ST-ZIP	Pensacola, FL 32506
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AST
STREET ADDRESS	Sjoberg, David
CITY-ST-ZIP	1717 N. "E" St., Ste. 320 Pensacola, FL 32501

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 David Sjoberg **David Sjoberg, Asst. Sec.-Treas.** **4/1/04 850/469-2338**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #