



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000019679</b> 1. Entity Name ACCESS GRANTED, INC.	
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Principal Place of Business 5318 HILLSBOROUGH CIR. TAMPA, FL 33610	Mailing Address P.O. BOX 1081 SEFFNER, FL 33583
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DO NOT WRITE IN THIS SPACE



02242005    No Chg-P    CR2E034 (10/03)

4. FEI Number 02-0555360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TOLODXI, JOHN K  
5318 HILLSBOROUGH CIR.  
TAMPA, FL 33610

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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 \_\_\_\_\_

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

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

U00000269983  
 03/19/05-80033-003 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOLODXI, JOHN K 5318 HILLSBOROUGH CIR. TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RICE, DAVID P 4604 MARCIA OAKS LN DOVER, FL 33527
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David P. Rice*      3-17-05      813-841-8257

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