## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000115134

Entity Name: ACCESSIBLE SOLUTIONS, INC.

Apr 25, 2011 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3145 SAVANNAHS TRAIL 3585 N. COURTENAY PKWY MERRITT ISLAND, FL 32953

SUITE 8

MERRITT ISLAND, FL 32953

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 541489 3145 SAVANNAHS TRAIL

MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32954 US

FEI Number: 22-3890737 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PROSSER, GREGORY H PROSSER, GREGORY H 3145 SAVÁNNAHS TRAIL 3585 N. COURTENAY PKWY MERRITT ISLAND, FL 32953 US SUITE 8

MERRITT ISLAND, FL 32953 US

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.

SIGNATURE: 04/25/2011

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CFO

DUFFY, DONALD J MR. Name: 3145 SAVANNAHS TR. Address:

City-St-Zip: MERRITT ISLAND, FL 32953 US

Title:

Name: DUFFY, NANCY L MRS. 3145 SAVANNAHS TR. Address:

MERRITT ISLAND, FL 32953 US City-St-Zip:

PRES Title:

PROSSER, GREGORY HMR. Name: 3210 SAVANNAHS TR. Address:

City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: VΡ

PROSSER, SARAH E MRS. Name: Address: 3145 SAVANNAHS TR.

City-St-Zip: MERRITT ISLAND, FL 32953 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY H. PROSSER **PRES** 04/25/2011