


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-20-2004 90001 018 ***150.00

DOCUMENT # P03000004183	
1. Entity Name ACCESS PACIFIC, INC.	

Principal Place of Business 4736 BLANDING BLVD. JACKSONVILLE, FL 32210	Mailing Address 4736 BLANDING BLVD. JACKSONVILLE, FL 32210
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2. Principal Place of Business 10957 ATLANTIC BLVD SUITE 6 JACKSONVILLE, FL 32225 DUVAL	3. Mailing Address 5516 COASTAL LN. S JACKSONVILLE, FL 32238 DUVAL
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07142004 Chg-P CR2E034 (10/03)

4. FEI Number 57-1149528	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

7. Name and Address of New Registered Agent Name ALMA ALONSO-BOODWIN Street Address (P.O. Box Number is Not Acceptable) 5516 COASTAL LANE SO JACKSONVILLE, FL 32258 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 <u><i>Alma Alonso-Boodwin</i></u> DATE 7/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S.; the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GEORGE H.G. HALL 4736 BLANDING BLVD. JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALMA ALONSO-BOODWIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5516 COASTAL LANE SO JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: <u><i>Alma Alonso-Boodwin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 7/12/04 <small>Daytime Phone #</small>

Attachment

54063733

July 13, 2004

Alma Alonso-Goodwin
Access Pacific Inc.
10957 Atlantic Blvd., Suite G
Jacksonville, FL 32225

Division of State
Division of Corporation
P O Box 6327
Tallahassee, FL 32314

Re: Document # P03000004183

Dear Sir/ Mam,

I am just now filing my Annual Report for Access Pacific as I did not receive any notice of this report or fee being due. I just established this business last year and not familiar with the governmental reports and dues needed each year. I am asking your office to please not penalize me with the \$400.00 fee.

Please note my change of office address above. I would like to request your office to please send any notices to my home address at:

Access Pacific Inc.
5516 Coastal Lane South, Jacksonville, FL 32258.

Thank you so much for your kind consideration. Enclosed is a \$150.00 check for the annual report fee.

Sincerely,



Alma Alonso-Goodwin
Access Pacific Inc.