

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90034 002 ***150.00

DOCUMENT # P03000019657

1. Entity Name
ACCESS INSURANCE SERVICES GROUP, INC.



Principal Place of Business
2443 U.S HIGHWAY 98 NORTH
LAKELAND, FL 33805 US

Mailing Address
2443 U.S HIGHWAY 98 NORTH
LAKELAND, FL 33805 US

54023799



2. Principal Place of Business

3. Mailing Address
4850 Alafaya Trl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste. 212-323

01292004 Chg-P CR2E034 (10/03)

City & State

City & State
Oviedo, FL

4. Fee Number
48-1576759

Applied For
Not Applicable

Zip

Country

Zip
32705

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEARSEY, DAVID J
1370 HAMPSTEAD TERRACE
OVIEDO, FL 32765

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME VAZQUEZ, DONI A
STREET ADDRESS 1176 TWIN RIVERS BLVD
CITY-ST-ZIP OVIEDO, FL 32766

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

TITLE V ☒ Delete
NAME NEGRON, JOSE L
STREET ADDRESS 1155 COVINGTON AVE
CITY-ST-ZIP OVIEDO, FL 32765

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

TITLE ST ☐ Delete
NAME HEARSEY, DAVID J
STREET ADDRESS 1370 HAMPSTEAD TERRACE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE Vice-Pres. - Secr. - ☒ Change ☐ Addition
NAME Treasurer
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04
Date

407-366-4025
Daytime Phone #