

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90567 038 ***150.00

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02172005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000062703 1. Entity Name TOTAL ACCESS -TOTACC, INC.											
Principal Place of Business 6195 FREEPORT DR SPRING HILL, FL 34608-1017			Mailing Address 6195 FREEPORT DR SPRING HILL, FL 34608-1017								
2. Principal Place of Business 2152 Meadowlark Rd Suite, Apt. #, etc.		3. Mailing Address PO Box 5633 Suite, Apt. #, etc.		4. FEI Number 65-1191115 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
City & State Spring Hill, FL Zip 34608 Country USA		City & State Spring Hill, FL Zip 34611 Country USA									
6. Name and Address of Current Registered Agent FREKEY, EDWARD H 6195 FREEPORT DR SPRING HILL, FL 34608-1017											
7. Name and Address of New Registered Agent Name Girit, Lisa M. Street Address (P.O. Box Number is Not Acceptable) 2152 Meadowlark Rd City Spring Hill FL Zip Code 34608				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></u> DATE 4/15/05 <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 After May 1, 2005 Fee will be \$550.00											
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE P <input type="checkbox"/> Delete NAME GIRIT, LISA M STREET ADDRESS P.O. BOX 5633 CITY-ST-ZIP SPRING HILL, FL 34611			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE V <input type="checkbox"/> Delete NAME GIRIT, DEBRA STREET ADDRESS 7487 RIVER COUNTRY RD CITY-ST-ZIP SPRING HILL, FL 34607			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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)(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></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						Date 4/15/05 Daytime Phone #					