

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146769

FILED  
Feb 23, 2007  
Secretary of State

**Entity Name:** ACCESS REAL ESTATE OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

5624 8TH ST. W.  
SUITE 101  
LEHIGH ACRES, FL 33971 US

**New Principal Place of Business:**

**Current Mailing Address:**

5624 8TH ST. W.  
SUITE 101  
LEHIGH ACRES, FL 33971 US

**New Mailing Address:**

**FEI Number:** 20-2115641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHILLIPS, DESHANNON  
5624 8TH ST. W.  
SUITE 101  
LEHIGH ACRES, FL 33971 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPST ( ) Delete  
**Name:** PHILLIPS, DESHANNON  
**Address:** 5624 8TH ST. W., SUITE 101  
**City-St-Zip:** LEHIGH ACRES, FL 33971 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** DESHANNON PHILLIPS

DPST

02/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date