

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90044 014 ***150.00

DOCUMENT # P05000064396

1. Entity Name

AXCESS CONTROL TECHNOLOGIES INC



Principal Place of Business
**4804 FLINT DRIVE
NORTH PORT, FL 34286**

Mailing Address
**4804 FLINT DRIVE
NORTH PORT, FL 34286**

40021110



2. Principal Place of Business - No P.O. Box #

2400 Modern Ct

3. Mailing Address

2400 Modern Ct

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

02162007

Chg-P

CR2E034 (12/06)

City & State

North Port, FL

City & State

North Port, FL

4. FEI Number

20-2793450

Applied For

☐ Not Applicable

Zip

34288

Country

Sarasota

Zip

34288

Country

Sarasota

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAILON, WILLIAM
4804 FLINT DRIVE
NORTH PORT, FL 34286**

7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
BAILON, WILLIAM
4804 FLINT DRIVE
NORTH PORT, FL 32486**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
BAILON, NANCY
4804 FLINT DRIVE
NORTH PORT, FL 32486**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**President
William Bailon
2400 Modern Ct
North Port, FL 34288**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Vice President
Nancy Bailon
2400 Modern Ct
North Port, FL 34288**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nancy Bailon **NANCY BAILON VP** 2/17/07 (941)815-2482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #