

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072372

**FILED**  
**Apr 16, 2007**  
**Secretary of State**

**Entity Name:** 1ST ACCESS REALTY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

31604 JAY STREET  
EUSTIS, FL 32726

**New Principal Place of Business:**

**Current Mailing Address:**

30411 APRICOT AVE.  
EUSTIS, FL 32736

**New Mailing Address:**

FEI Number: 20-2839812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLLINS, ISABEL  
211 E RICH AVE  
DELAND, FL 32736 US

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

COLLINS, ISABEL  
30411 APRICOT AVE  
EUSTIS, FL 32736 US

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: COLLINS, ISABEL

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COLLINS, ISABEL  
Address: 30411 APRICOT AVENUE  
City-St-Zip: EUSTIS, FL 32736

Title: T ( ) Delete  
Name: COLLINS, ISABEL  
Address: 30411 APRICOT AVENUE  
City-St-Zip: EUSTIS, FL 32736

Title: S ( ) Delete  
Name: COLLINS, ISABEL  
Address: 30411 APRICOT AVENUE  
City-St-Zip: EUSTIS, FL 32736

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

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

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

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: ISABEL COLLINS

P

04/16/2007

Electronic Signature of Signing Officer or Director

Date