

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P92000004893

1. Entity Name

ACCESS RECORDS STORAGE, INC.



Principal Place of Business

4240 SE 53RD AVE.  
OCALA, FL 34480 US

Mailing Address

4240 SE 53RD AVE.  
OCALA, FL 34480 US



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3151705

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

HELVEY, KEENAN  
4240 SE 53RD AVE.  
OCALA, FL 34480

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing :  
Trust Fund Contribution.



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

U000000907879  
05/06/08-80006-004 438.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HELVEY, KEENAN  
4240 SE 53RD AVE  
OCALA, FL 34480

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08

Date

352 624-2269

Daytime Phone