

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040822

FILED  
May 17, 2009  
Secretary of State

Entity Name: ACCESSABILITY SPECIALISTS, INC.

## Current Principal Place of Business:

4969 BEACH BOULEVARD  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

2057 MYRA STREET  
JACKSONVILLE, FL 32204 US

## Current Mailing Address:

4969 BEACH BOULEVARD  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

2057 MYRA STREET  
JACKSONVILLE, FL 32204 US

FEI Number: 59-3374705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WESTMORELAND, SHERMAN G  
4969 BEACH BOULEVARD  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

WESTMORELAND, SHERMAN G  
9556 HISTORIC KINGS ROAD  
UNIT 201  
JACKSONVILLE, FL 32257 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: WEST WESTMORELAND

05/17/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V P ( ) Delete  
Name: FILICHIA, JAMES J VICE  
Address: 4969 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: P ( ) Delete  
Name: WESTMORELAND, SHERMAN G PRES  
Address: 4969 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32207 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V P (X) Change ( ) Addition  
Name: FILICHIA, JAMES J VICE  
Address: 2057 MYRA STREET  
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: P (X) Change ( ) Addition  
Name: WESTMORELAND, SHERMAN G PRES  
Address: 9556 HISTORIC KINGS ROAD, UNIT 201  
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify 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: JAMES J FILICHIA

VP

05/17/2009

Electronic Signature of Signing Officer or Director

Date