

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90293 037 ***150.00

DOCUMENT # P96000062731

1. Entity Name
ACCESS CONSTRUCTION TEAM, INC.



Principal Place of Business
1027 ROYAL PASS RD.
TAMPA, FL 33602 US

Mailing Address
P.O. BOX 738
TAMPA, FL 33601 US

14011464



2. Principal Place of Business
201 N. Armenia
Suite, Apt. #, etc.

3. Mailing Address
818 SW 3rd Avenue
Suite, Apt. #, etc.
#262

04282005 Chg-P CR2E034 (10/03)

City & State
Tampa FL
Zip
33609
Country
US

City & State
Portland, OR
Zip
97204
Country
US

4. FEI Number
59-3400966
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GAMBLE, DEAN
1027 ROYAL PASS RD
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
201 N. Armenia
City
Tampa **FL** Zip Code
33609

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GAMBLE, DEAN	
STREET ADDRESS	1027 ROYAL PASS RD	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAMBLE, JULIE	
STREET ADDRESS	1027 ROYAL PASS RD	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		address only
STREET ADDRESS	201 N. Armenia	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		address only
STREET ADDRESS	201 N. Armenia	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Julie Gamble* **Julie Gamble** **4-27-05** **813-732-9589**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #