

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000066002

1. Entity Name
CAPITAL ACCESS, INC.



FILED
Feb 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
18956 WOOD SAGE DRIVE
TAMPA, FL 33647 US

Mailing Address
18956 WOOD SAGE DRIVE
TAMPA, FL 33647 US



02182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3415128

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSSO, RICHARD D
18956 WOOD SAGE DRIVE
TAMPA, FL 33647

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
BOSSO, RICHARD D
18956 WOOD SAGE DRIVE
TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BOSSO, PENNY M
18956 WOOD SAGE DRIVE
TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000837025
03/04/08-80040-024 150.00

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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

9/8/2007

Date

(813) 629-4106

Daytime Phone #