

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000071865

1. Entity Name
**ACCESS CERTIFIED PROCESS AND INVESTIGATION,
INC.**



Principal Place of Business
**11266 W. HILLSBOROUGH AVE., #106
TAMPA, FL 33635**

Mailing Address
**11266 W. HILLSBOROUGH AVE., #106
TAMPA, FL 33635**



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3398433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANJIAN, JAY M
11266 W. HILLSBOROUGH AVE., #106
TAMPA, FL 33635**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000269663

03/19/05-80020-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DVPS
NAME	HANJIAN, JAY M
STREET ADDRESS	11266 W. HILLSBOROUGH AVE., #106
CITY-ST-ZIP	TAMPA, FL 33635

TITLE	
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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY HANJIAN

16 MARCH 05

Date

813-891-6282

Daytime Phone #