## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000089687

TAMPA, FL 33625

City-St-Zip:

Entity Name: ACCESSIBILITY, INC.

**FILED** Mar 29, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6502 MAIN STREET NEW PORT RICHEY, FL 34656 **Current Mailing Address: New Mailing Address:** 16113 DEW DROP LANE TAMPA, FL 33625 FEI Number: 59-3417092 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLCOMB, VICTOR W HOLCOMB, VICTOR W 415 S HYDÉ PARK AVE 201 NORTH ARMENIA AVE TAMPA, FL 33606 TAMPA, FL 33609 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: 03/29/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SCHILLER, SANDRA P Name: Name: 16113 DEW DROP LANE Address: Address: City-St-Zip: TAMPA, FL 33625 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SCHILLER, LARRY Name: 16113 DEW DROP LANE Address: Address:

City-St-Zip:

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: LAWRENCE J SCHILLER **PRES** 03/29/2008