

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90009 040 \*\*\*550.00

**DOCUMENT # P98000029693**

1. Entity Name  
**ACCESS LIMITED, INC.**



Principal Place of Business  
**5050-5 SUNBEAM ROAD  
JACKSONVILLE, FL 32257**

Mailing Address  
**5050-5 SUNBEAM ROAD  
JACKSONVILLE, FL 32257**

2. Principal Place of Business  
**8505 Baycenter Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**8505 Baycenter Rd.**  
Suite, Apt. #, etc.



01062004 Chg-P CR2E034 (10/03)

City & State  
**Jacksonville, FL**  
Zip Country  
**32256 Duval**

City & State  
**Jacksonville, FL**  
Zip Country  
**32256 Duval**

4. FEI Number  
**59-3482556**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BUCKNER, DARIN  
5050-5 SUNBEAM ROAD  
JACKSONVILLE, FL 32257**

7. Name and Address of New Registered Agent

Name  
**Darin Buckner**  
Street Address (P.O. Box Number is Not Acceptable)  
**2949 Christopher Creek Rd. N.**  
City  
**Jacksonville** FL Zip Code  
**32217**

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 **Darin Buckner - President** **7-14-04**  
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **BUCKNER, DARIN**  
STREET ADDRESS **2949 CHRISTOPHER CREEK ROAD N.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **DV** ☐ Delete  
NAME **WALTHER, CHARLES R**  
STREET ADDRESS **8104 FRESCA STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **DS** ☐ Delete  
NAME **BUCKNER, CHRISTINA**  
STREET ADDRESS **2949 CHRISTOPHER CREEK RD. N.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **DT** ☒ Delete  
NAME **ARNOLD, ROBBY**  
STREET ADDRESS **2536 CENTRAL PARK APT. 1434**  
CITY-ST-ZIP **BEDFORD, TX 76022**

TITLE **DV** ☒ Delete  
NAME **FERGUSON, DEL**  
STREET ADDRESS **PO BOX 1260**  
CITY-ST-ZIP **POOLER, GA 31322**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer/Secretary** ☐ Change ☒ Addition  
NAME **Christina Buckner**  
STREET ADDRESS **2949 Christopher Creek Rd. N.**  
CITY-ST-ZIP **Jacksonville, FL 32217**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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: **Christina Buckner** **CHRISTINA BUCKNER** **7-14-04** **(904) 262-4659**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #