# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000029693

1. Entity Name
ACCESS LIMITED, INC.

Principal Place of Business
8505 BAYCENTER RD
JACKSONVILLE, FL 32256

Mailing Address
8505 BAYCENTER RD
JACKSONVILLE, FL 32256

01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
6332 AUTUMN BERRY CIRCLE
JACKSONVILLE, FL 32258

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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

U00000883460
04/17/08-80004-020 150.00

**10.** OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | BUCKNER, DARIN |
| STREET ADDRESS | 6332 AUTUMN BERRY CIR |
| CITY-ST-ZIP | JACKSONVILLE, FL 32258 |
| TITLE | DV |
| NAME | WALTHER, CHARLES R |
| STREET ADDRESS | 8104 FRESCA STREET |
| CITY-ST-ZIP | JACKSONVILLE, FL 32217 |
| TITLE | SD |
| NAME | BUCKNER, CHRISTINA |
| STREET ADDRESS | 6332 AUTUMN BERRY CIRCLE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32258 |
| TITLE | DT |
| NAME | ARNOLD, ROB |
| STREET ADDRESS | 545 JEFFERSON DR #108 |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** VP Charles R. Walther 4-2-08 (904) 262-4659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #