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	Mailing Address
8505 BAYCENTER RD JACKSONVILLE, FL 32256	8505 BAYCENTER RD JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000083460
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	

DO NOT WRITE 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: VP Charles R. Walther 4-2-08 (904) 262-4659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #