

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024522

FILED
Mar 23, 2009
Secretary of State

Entity Name: FIRST ACCESS SERVICE TEAM, INC.

Current Principal Place of Business:

3815 N. NEBRASKA AVE.
TAMPA, FL 33603

New Principal Place of Business:

402 E. MADISON STREET
TAMPA, FL 33602

Current Mailing Address:

PO BOX 7492
TAMPA, FL 33673

New Mailing Address:

402 E. MADISON STREET
TAMPA, FL 33602

FEI Number: 59-3564219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHUMACHER, DALE
3815 N. NEBRASKA AVE.
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SCHUMACHER, DALE
Address: 3815 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: CALDERONI, PAT
Address: 3815 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: STEWART, TOM
Address: 3815 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: SD () Delete
Name: HAMP, EDWARD
Address: 3815 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: TD () Delete
Name: GEIGER, SCOTT
Address: 3815 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: D () Delete
Name: HAUGABOOK, EARL
Address: 3815 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ENGLER, BRUCE
Address: 3815 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: EDWARD HAMP

SD

03/23/2009

Electronic Signature of Signing Officer or Director

Date