


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000046107 1. Entity Name FL ACCESS, INC.	
---	---

Principal Place of Business 12155-13 METRO PARKWAY FORT MYERS, FL 33912	Mailing Address 12155-13 METRO PARKWAY FORT MYERS, FL 33912
---	---

DO NOT WRITE IN THIS SPACE



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0921466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WATKINS, JOHN JAY
150 SOUTH MAIN STREET
LABELLE, FL 33975

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JOLLY, JOHN L 6688 FAIRVIEW STREET FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREWS, BERNARD O III 6688 FAIRVIEW STREET FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLOWERS, MONICA LYNN 6688 FAIRVIEW STREET FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATKINS, JOHN JAY 150 SOUTH MAIN STREET LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000136869
04/29/04-80019-009 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-25-4 239-561-6387**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #