

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90293 038 \*\*\*150.00

<b>DOCUMENT # P99000065052</b> 1. Entity Name <b>ACCESS CUSTOM MILLWORK, INC.</b>			
Principal Place of Business 1027 ROYAL PASS RD TAMPA, FL 33602 US		Mailing Address P.O. BOX 738 TAMPA, FL 33601	
2. Principal Place of Business <i>201 N. Armenia</i>		3. Mailing Address <i>818 SW 3rd Ave.</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <i>#262</i>	
City & State <i>Tampa, FL</i>		City & State <i>Portland, OR</i>	
Zip <i>33609</i> Country <i>US</i>		Zip <i>97204</i> Country	
4. FEI Number <b>59-3583573</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GAMBLE, DEAN</b> 1027 ROYAL PASS RD TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>201 N. Armenia</i> City <i>Tampa</i> <b>FL</b> Zip Code <i>33609</i>	
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 reissuing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBLE, DEAN 1027 ROYAL PASS RD TAMPA, FL 33602	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBLE, JULIE 1027 ROYAL PASS RD TAMPA, FL 33602	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Julie Gamble</i> <b>Julie Gamble</b>		<b>4-27-05 813-732-9589</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	