

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90044 021 \*\*\*150.00

**DOCUMENT # P99000109161**

1. Entity Name

GLOBAL ACCESS TECHNOLOGIES, INC.



Principal Place of Business

445 BLUEJAY WAY  
ORLANDO, FL 32828

Mailing Address

~~200 E. ROBINSON ST., STE. 600~~  
~~ORLANDO, FL 32801~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

20 North Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32801

01282008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3617262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERY, STONER, CALANDRINO, & BROWN, PA  
20 NORTH ORANGE AVENUE, STE 600  
ORLANDO, FL 32826

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS ☐ Delete  
NAME TUNAYA, GEORGE A JR.  
STREET ADDRESS 16574 CEDAR RUN DRIVE  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE VP ☐ Delete  
NAME WHITE, MICHAEL J  
STREET ADDRESS 3421 SEMINOLE AVENUE  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☐ Delete  
NAME CROWELL, ROBERT  
STREET ADDRESS 1606 CYPRESS RIDGE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32825

TITLE D ☐ Delete  
NAME CLANOR, NORBERTO  
STREET ADDRESS 2665 PARADISE ROAD  
CITY-ST-ZIP CARLSBAD, FL 92009

TITLE D ☐ Delete  
NAME SLAGE, KEITH  
STREET ADDRESS 587 PALM DRIVE  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D ☒ Delete  
NAME ~~WARREN, KRISTEN~~  
STREET ADDRESS ~~11400 WAGON ROAD #B~~  
CITY-ST-ZIP ~~ORLANDO, FL 32826~~

TITLE ☐ Change ☒ Addition  
NAME *D Jerome Wayne Best*  
STREET ADDRESS *428 South Phelps*  
CITY-ST-ZIP *Winter Park, FL 32789*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 reports 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 info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1 April 08 (407) 625-8986*

Date

Daytime Phone #