FILED
Apr 25, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S58095

1. Entity Name
ACCESS MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
1259 N. EGLIN PKWY SHALIMAR, FL 32579 US	301 E HICKORY AVENUE CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE

C1182005 No Charge CR2E034 (10/03)

4. FEI Number
69-3079417
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROWE, TOM L
301 EAST HICKORY AVENUE
CRESTVIEW, FL 32536

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CROWE TOM L
STREET ADDRESS	301 E. HICKORY AVENUE
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	VP
NAME	GARRETT BRANDON D
STREET ADDRESS	7734 NAVARRE PKWY, APT 22
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	ST
NAME	ZUKOSKY, DEBBIE
STREET ADDRESS	4 MORONI COURT
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80048-022 150.00

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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.

SIGNATURE: Debbie D Zukosky Sec/Dres 04/23/2005
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date