

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001812

1. Entity Name
FEDERAL BOND & COLLECTION SERVICE, INC.



Principal Place of Business
**841 E. HUNTING PARK AVENUE
PHILADELPHIA, PA 19124**

Mailing Address
**841 E. HUNTING PARK AVENUE
PHILADELPHIA, PA 19124**



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2421430

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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, 2004 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	NEARY, JAMES
STREET ADDRESS	1410 TURKEY TROT ROAD
CITY- ST- ZIP	WARWICK, PA 18974
TITLE	V
NAME	NEARY, JOSEPH JR.
STREET ADDRESS	139 YORTOWN QD.
CITY- ST- ZIP	WOOLWICH, NJ 08085
TITLE	S
NAME	NEARY, JOANNE
STREET ADDRESS	172 HILLTOP DR.
CITY- ST- ZIP	CHURCHVILLE, PA 18966
TITLE	CEO
NAME	NEARY, JOSEPH SR.
STREET ADDRESS	172 HILLTOP DR.
CITY- ST- ZIP	CHURCHVILLE, PA 18966
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/12/04-80022-008 150.00

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joanne Neary **JOANNE NEARY** 4/5/04 215-355-8711