

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # M58901 1. Entity Name AMERICAN FINANCE ADJUSTERS OF OCALA, INC.	
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Principal Place of Business 4745 NE 36TH AVE OCALA, FL 34479 US	Mailing Address P.O. BOX 4526 OCALA, FL 34478 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2843053	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ANSELL, VERNON R.
4745 NE 36TH AVE
OCALA, FL 34479**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000642903 03/01/07-80061-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANSELL, VERNON R. 4745 NE 36TH AVE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ANSELL, JANET 4745 NE 36TH AVE OCALA, FL 34479
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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:  **2-19-07 352-351-8637**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #