

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90162 002 ***150.00

40068899



03162006 Chg-P CR2E034 (11/05)

4. FEI Number **20-0163999** Applied For Not Applicable

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

DOCUMENT # P03000035328
 1. Entity Name
 AMERICAN COLLEGIATE FINANCIAL SERVICES, INC.



Principal Place of Business
 1800 9TH AVENUE NORTH
 ST. PETERSBURG, FL 33713 US

Mailing Address
 1800 9TH AVENUE NORTH
 ST. PETERSBURG, FL 33713 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SCHINDEL, MATTHEW G ESQ
~~ONE NORTH CLEMATIS STREET~~
~~SUITE 500~~
~~WEST PALM BEACH, FL 33401~~

Address
 CHANGE
 ONLY!

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
GCL ASCOT DEVELOPMENT LLC
140 NE 4th AVE. SUITE-A
 City **DEL RAY BEACH** FL Zip Code **33483**

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JAMES M			NAME			
STREET ADDRESS	1225 ROXBORO ROAD			STREET ADDRESS			
CITY - ST - ZIP	LONGWOOD, FL 32750			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUILLOT, RICHARD C			NAME			
STREET ADDRESS	855 117TH TERRACE NORTH #5			STREET ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG, FL 33716			CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RECORD, BRUCE J			NAME			
STREET ADDRESS	855 117TH TERRACE NORTH #5			STREET ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG, FL 33716			CITY - ST - ZIP			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIS, JOHN W			NAME			
STREET ADDRESS	1190 68TH STREET NORTH			STREET ADDRESS			
CITY - ST - ZIP	ST. PETERSBURG, FL 33710			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				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 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: John W. Vis JOHN W. VIS 4-27-06 727-280-0375
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #