

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000027744

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: FLORIDA CREDIT & COLLECTIONS BUREAU, INC.

**Current Principal Place of Business:**

224 E. GARDEN STREET  
STE. 7  
PENSACOLA, FL 32501 US

**New Principal Place of Business:**

**Current Mailing Address:**

224 E. GARDEN STREET  
STE. 7  
PENSACOLA, FL 32501 US

**New Mailing Address:**

FEI Number: 59-3366489      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOWELL, ROBERT W  
224 EAST GARDEN STREET  
STE. 7  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: LOWELL, ROBERT W  
Address: 224 E GARDEN ST, STE 7  
City-St-Zip: PENSACOLA, FL 32501

Title: VP ( ) Delete  
Name: FARHANGI, MOLLY L  
Address: 224 E. GARDEN ST, STE. 7  
City-St-Zip: PENSACOLA, FL 32501

Title: S ( ) Delete  
Name: LOWELL, JOANN  
Address: 224 E. GARDEN ST, STE. 7  
City-St-Zip: PENSACOLA, FL 32501

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LOWELL, ROBERT W  
Address: 224 E. GARDEN ST, STE. 7  
City-St-Zip: PENSACOLA, FL 32501

Title: T ( ) Change (X) Addition  
Name: LOWELL, ROBERT W  
Address: 224 E. GARDEN ST, STE 7  
City-St-Zip: PENSACOLA, FL 32501 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W LOWELL

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date