

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90166 018 ***150.00

DOCUMENT # P96000027744

1. Entity Name
SOUTHERN STATES CREDIT & COLLECTIONS BUREAU, INC.



Principal Place of Business Mailing Address
 224 E. GARDEN STREET 224 E. GARDEN STREET
 STE. 7 STE. 7
 PENSACOLA, FL 32502 US PENSACOLA, FL 32502 US


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40059454



01082007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3366489 Not Applicable

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

6. Name and Address of Current Registered Agent

LOWELL, ROBERT W
224 EAST GARDEN STREET
STE. 325
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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: Robert W. Lowell 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LOWELL, ROBERT W 224 E GARDEN ST, STE 7 PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lowell, Robert W 224 E. GARDEN ST, STE. 7 PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert W. Lowell Date: 02-22-07 Daytime Phone #: 850-438-8718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Lowell

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000027744 1. Entity Name SOUTHERN STATES CREDIT & COLLECTIONS BUREAU, INC.	
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Principal Place of Business 224 E. GARDEN STREET STE. 7 PENSACOLA, FL 32502 US	Mailing Address 224 E. GARDEN STREET STE. 7 PENSACOLA, FL 32502 US
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DO NOT WRITE IN THIS SPACE

ATTACHMENT

40059459

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3366489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOWELL, ROBERT W
 224 EAST GARDEN STREET
 STE. 325
 PENSACOLA, FL 32502

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

Signature, typed or printed name of registered agent and title if applicable.

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**

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	LOWELL, ROBERT W
STREET ADDRESS	224 E GARDEN ST, STE 7
CITY-ST- ZIP	PENSACOLA, FL 32502
TITLE	VP <i>Lowell, Robert W</i>
NAME	
STREET ADDRESS	224 E. GARDEN ST, STE. 7
CITY-ST- ZIP	PENSACOLA, FL 32502
TITLE	S
NAME	LOWELL, ROBERT W
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CITY-ST- ZIP	PENSACOLA, FL 32502
TITLE	T
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NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

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SIGNATURE: *Robert W. Lowell* Date: *01-08-07* Daytime Phone #: *850-438-8718*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Lowell