

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64914

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: IDEAL ACCEPTANCE COMPANY

## Current Principal Place of Business:

5435 S. US HWY 1  
FT. PIERCE, FL 34982

## New Principal Place of Business:

## Current Mailing Address:

5435 S. US HWY 1  
FT. PIERCE, FL 34982

## New Mailing Address:

FEI Number: 59-3142203      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TIERNEY, MARY JO  
5435 S. US HWY 1  
FT. PIERCE, FL 34982      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: DP ( ) Delete  
Name: TIERNEY, MARY JO,  
Address: 1712 COCONUT DR.  
City-St-Zip: FT. PIERCE, FL 34979

Title: DT ( ) Delete  
Name: BARBARA G. BULL,  
Address: 2800 EAGLES NEST WAY  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: DS ( ) Delete  
Name: TIERNEY, J. STEPHEN,, III  
Address: 303 DEERWOOD LANE  
City-St-Zip: FT. PIERCE, FL

Title: DV ( ) Delete  
Name: WETZEL, MICHAEL E  
Address: 1712 COCONUT DR  
City-St-Zip: FT PIERCE, FL 34949

Title: D ( ) Delete  
Name: THIEL, BRENDA F  
Address: 533 SW LUCERO DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BARBARA G BULL

DT

01/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date