

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64914

FILED
Jan 15, 2009
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 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

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date