

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64914

FILED  
Apr 19, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TIERNEY, MARY JO  
Address: 1712 COCONUT DR.  
City-St-Zip: FT. PIERCE, FL 34979

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA G BULL

DT

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date