

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V64914

**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC2206809242**

**Entity Name:** IDEAL ACCEPTANCE COMPANY

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-3142203

**Certificate of Status Desired:** No

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

TIERNEY, MARY JO  
5435 S. US HWY 1  
FT. PIERCE, FL 34982 US

*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

**Officer/Director Detail :**

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

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

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

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

Title D  
Name THIEL, BRENDA F  
Address 533 SW LUCERO DRIVE  
City-State-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:** MARY JO TIERNEY

**PRESIDENT**

**01/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date