

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 340748

FILED
Mar 19, 2009
Secretary of State

Entity Name: COLLECTION BUREAU OF FT. WALTON BEACH, INC.

Current Principal Place of Business:

711 NORTH EGLIN PARKWAY
FORT WALTON BEACH, FL 325474127 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 4127
FORT WALTON BEACH, FL 325494127 US

New Mailing Address:

FEI Number: 59-1229511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOLEY,TOMMY M
712 MOORE CIR
PANAMA CITY, FL 32401 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: PD () Delete
Name: COOLEY JR ,TOMMY,
Address: 151 COYOTE PASS
City-St-Zip: PANAMA CITY BEACH, FL

Title: S () Delete
Name: COOLEY,OLIVIA,
Address: 712 MOORE CIRCLE
City-St-Zip: PANAMA CITY FL,

Title: D () Delete
Name: COLLEY, OLIVIA,
Address: 712 MOORE CIRCLE
City-St-Zip: PANAMA CITY FL,

Title: D () Delete
Name: VON DER OSTEN, JO ANN
Address: 188 MIRAMAR DR
City-St-Zip: MARY ESTHER, FL

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:

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: JO ANN VON DER OSTEN

D

03/19/2009

Electronic Signature of Signing Officer or Director

Date