

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90032 004 \*\*\*558.75

60045597



07232008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1413726 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DOCUMENT # 404521**  
1. Entity Name  
**ASSOCIATED CREDIT AND COLLECTION BUREAU, INC.**



Principal Place of Business  
975 EYSTER BLVD SUITE 3-1  
PO BOX 560855  
ROCKLEDGE, FL 32956-0855 US

Mailing Address  
975 EYSTER BLVD SUITE 3-1  
PO BOX 560855  
ROCKLEDGE, FL 32956-7855

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
975 Eyster Blvd Suite 3-1  
PO Box 560855  
Rockledge, FL 32956-0855  
Zip Country  
32956-0855 Brevard

6. Name and Address of Current Registered Agent  
DREHER, THOMAS M.  
975 EYSTER BLVD SUITE 3-1  
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 7/23/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD DREHER, THOMAS 3358 CAPPJO DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Dreher, Thomas 134 Lansing Island Dr Indian Harbour Beach, FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Dreher, Thomas 134 Lansing Island Dr Indian Harbour Beach, FL 32937 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **321-638-3591**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #