

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710286

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: ASSOCIATED CREDIT BUREAUS OF FLORIDA, INC.

**Current Principal Place of Business:**

4250 KELSON AVE.  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 764  
MARIANNA, FL 32447 US

**New Mailing Address:**

FEI Number: 59-6142091      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HUGHES, DONALD D  
4250 KELSON AVE.  
MARIANNA, FL 32446 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: SD ( ) Delete  
Name: KRONE, ROBERT,  
Address: 134 S TAMPA ST.  
City-St-Zip: TAMPA, FL

Title: PD ( ) Delete  
Name: BRACKETT, ROBERT,  
Address: 2066 14 AVE  
City-St-Zip: VERO BCH, FL

Title: VPD ( ) Delete  
Name: VON DER OSTON, JO ANN  
Address: 711 ELGIN PKWY N.E.  
City-St-Zip: FT. WALTON BEACH, FL

Title: T ( ) Delete  
Name: HUGHES, DONALD D  
Address: 4250 KELSON AVE.  
City-St-Zip: MARIANNA, FL 32446

Title: P ( ) Delete  
Name: MCDONELS, MIKE  
Address: 109 S.E. 1ST ST.  
City-St-Zip: OCALA, FL 34471

**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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD D HUGHES

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03/28/2007

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

\_\_\_\_\_  
Date