


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005270 1. Entity Name CAPITAL COLLECTION COMPANY	
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Principal Place of Business 3850 FERNANDINA RD COLUMBIA, SC 29210	Mailing Address PO BOX 212328 COLUMBIA, SC 29221-2328
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01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1125124	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKIFF, JAMES PO BOX 212328 COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIS, HINTON PO BOX 212328 COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRINDSTAFF, JACK PO BOX 212328 COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAUGHTER, PATRICK PO BOX 212328 COLUMBIA, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRYER, MARK E 1 FERNANDINA COURT COLUMBIA, SC 29212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>UN00000185154 01/21/05-60003-007 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jack F. Grindstaff Jack F. Grindstaff 01/05/05 803-732-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #