

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004489

1. Entity Name
CARMEL ACCEPTANCE CORPORATION



Principal Place of Business
**101 E. CARMEL DRIVE, SUITE 102
CARMEL, IN 46032**

Mailing Address
**101 E. CARMEL DRIVE, SUITE 102
CARMEL, IN 46032**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3695413

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SHEEHAN, TRACEY 101 E. CARMEL DRIVE, SUITE 102 CARMEL, IN 46032
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01/10/05-80065-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: * *Tracey Sheehan* **1-5-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #