

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # F05000004554

1. Entity Name
CREDITSIGHTS, INC.



Principal Place of Business
**660 FAIRWAY TERRACE
NAPLES, FL 34103-4419**

Mailing Address
**660 FAIRWAY TERRACE
NAPLES, FL 34103-4419**



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4137154

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PURPLE, LOUISE
660 FAIRWAY TERRACE
NAPLES, FL 34103-4419**

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
**PC
REYNOLDS, GLENN
470 PARK AVE SOUTH, 12TH FLOOR
NEW YORK, NY 10016**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**CFOS
GOOD, DAVID H
470 PARK AVE SOUTH, 12TH FLOOR
NEW YORK, NY 10016**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
PETAS, PETER
470 PARK AVE SOUTH, 12TH FLOOR
NEW YORK, NY 10016**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000845798
03/18/08-80002-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID H. GOOD, CFO

2/25/08

Date

212-340-3813

Daytime Phone #