

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000596

FILED  
Feb 27, 2004  
Secretary of State

Entity Name: AMERICAN ROAD COLLECTION, INC.

## Current Principal Place of Business:

25 CIRCUIT AVE EXT  
PO BOX 3304  
OAK BLUFFS, MA 02557

## New Principal Place of Business:

## Current Mailing Address:

1616 N FLORIDA MANGO RD #A-5  
WEST PALM BEACH, FL 33409

## New Mailing Address:

FEI Number: 04-3342178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALLACE, MICHAEL  
1616 N FLORIDA MANGO RD #A-5  
WEST PALM BEACH, FL 33409      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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCVT ( ) Delete  
Name: WALLACE, MICHAEL R  
Address: NEWTON AVE, BOX 3047  
City-St-Zip: OAK BLUFFS, MA 02557

Title: S ( ) Delete  
Name: WALLACE, MICHAEL R  
Address: NEWTON AVE, BOX 3047  
City-St-Zip: OAK BLUFFS, MA 02557

Title: DCV ( ) Delete  
Name: WALLACE, MARK K  
Address: 25 CIRCUIT AVE EXT, BOX 2057  
City-St-Zip: OAK BLUFFS, MA 02557

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK WALLACE

PRES

02/27/2004

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

\_\_\_\_\_  
Date