


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G09768 1. Entity Name CREDIT BUSINESS SERVICES, INC.		
Principal Place of Business 711 EGLIN PKWY NE FORT WALTON BEACH, FL 32547 US		Mailing Address PO BOX 2500 FORT WALTON BCH, FL 32549 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COOLEY, TOMMY M 712 MOORE CR. PANAMA CITY, FL 32401		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOLEY, JR. TOMMY 151 COYOTE PASS PANAMA CITY BEACH, FL 32408	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VONDEROSTEN, JOANN 188 MIRAMAR DR MARY ESTHER, FL 32569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Tommy M. Cooley, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>10/10/06</u> <u>850-747-0053</u> <small>Date Daytime Phone #</small>



01082006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2241990	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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01/20/06-80031-003 150.00

**DO NOT WRITE
IN THIS SPACE**