

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J89255

FILED
Apr 16, 2009
Secretary of State

Entity Name: CENTRAL CREDIT SERVICES, INC.

Current Principal Place of Business:

9550 REGENCY SQUARE BLVD
#500
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9550 REGENCY SQUARE BLVD
#500
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2834638 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P () Delete
Name: ECCLESTON, JAMES
Address: 9550 REGENCY SQUARE BLVD SUITE 500
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: S () Delete
Name: PYFER, BARBARA
Address: 9550 REGENCY SQUARE BLVD SUITE 500
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: T () Delete
Name: PYFER, BARBARA
Address: 9550 REGENCY SQUARE BLVD SUITE 500
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP () Delete
Name: ECCLESTON, GERARD
Address: 9550 REGENCY SQUARE BLVD SUITE 500
City-St-Zip: JACKSONVILLE, FL 32225 US

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES ECCLESTON

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date