


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # K67718 1. Entity Name ADVANCED COLLECTIONS, INC.	
--	---

Principal Place of Business 24 N.W. RACETRACK RD FT. WALTON BCH, FL 32547 US	Mailing Address P O BOX 3026 FT. WALTON BEACH, FL 32547 US
--	--



03092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2944573	Applier For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARMICHAEL, SHANNON P 349 OAKLAND CIR NW FORT WALTON BEACH, FL 32548	<p>DO NOT WRITE IN THIS SPACE</p>
---	--

B. 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 _____ DATE _____
(Signature Agent or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	000000113557 04/15/04-80013-019 150.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P CARMICHAEL, SHANNON P 349 OAKLAND CIR FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST CARMICHAEL, LISA D 349 OAKLAND CIR FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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: Shannon P Carmichael 3-17-04 (850) 863-4704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year