

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 8:00 am**  
**Secretary of State**

07-12-2005 90040 035 \*\*\*550.00

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06302005 No Chg-P CR2E034 (10/03)

**DOCUMENT # L47131**  
 1. Entity Name  
 INDEPENDENCE ACCEPTANCE CORP.



Principal Place of Business: 7805 N DIXIE DR, DAYTON, OH 45414 US  
 Mailing Address: 14499 N. DALE MABRY SUITE 149 TAMPA, FL 33614 US  
*14499 N. DALE MABRY SUITE 149 TAMPA FL 33618*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 31-1291065  
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
 GIBBONS, TUCKER, MILLER, WHATLEY & STEIN  
 101 E. KENNEDY BLVD., SUITE 1000  
 TAMPA, FL 33602

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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	DST KARSHNER, ROBERT L. 14499 N DALE MABRY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JULIEN, VINCE 18716 63RD AVE. EAST BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARSHNER, JACK A. 7805 N DIXIE DRIVE DAYTON, OH 45414 <i>27730 PINK POINT DR WESLEY CHAPEL FL 33543</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-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: *Jack A. Karshner Pres.* Date: *7/6/05* Daytime Phone #: *813-496-3060*