

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L47131



Entity Name
INDEPENDENCE ACCEPTANCE CORP.

Principal Place of Business

**14499 N DALE MABRY
 SUITE 149
 TAMPA, FL 33618 US**

Mailing Address

**14499 N DALE MABRY
 SUITE 149
 TAMPA, FL 33618 US**



01192006 No Chg-P CR2E034 (11/05)

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

**JEBBONS, TUCKER, MILLER, WHATLEY & STEIN
 101 E. KENNEDY BLVD., SUITE 1000
 TAMPA, FL 33602**

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 IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11000000397853
 01/30/06-80058-019 150.00

OFFICERS AND DIRECTORS

TITLE	DST
NAME	KARSHNER, ROBERT L.
STREET ADDRESS	14499 N DALE MABRY
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	DV
NAME	JULIEN, VINCE
STREET ADDRESS	18716 63RD AVE. EAST
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	DP
NAME	KARSHNER, JACK A.
STREET ADDRESS	27730 PINE POINT DR
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 719, 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:

Robert L. Karshner, Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06 813-446-3062
 Date Expires Phone #