

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L47131

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: INDEPENDENCE ACCEPTANCE CORP.

**Current Principal Place of Business:**

14499 N DALE MABRY  
SUITE 149  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

14499 N DALE MABRY  
SUITE 149  
TAMPA, FL 33618 US

**New Mailing Address:**

FEI Number: 31-1291065      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN  
101 E. KENNEDY BLVD., SUITE 1000  
TAMPA, FL 33602 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: DST ( ) Delete  
Name: KARSHNER, ROBERT L.,  
Address: 14499 N DALE MABRY  
City-St-Zip: TAMPA, FL 33618

Title: DV ( ) Delete  
Name: JULIEN, VINCE,  
Address: 18716 63RD AVE. EAST  
City-St-Zip: BRADENTON, FL 34202

Title: DP ( ) Delete  
Name: KARSHNER, JACK A.,  
Address: 27730 PINE POINT DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DS (X) Change ( ) Addition  
Name: KARSHNER, ROBERT L.,  
Address: 14499 N DALE MABRY  
City-St-Zip: TAMPA, FL 33618

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

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

Title: DT ( ) Change (X) Addition  
Name: DOTSON, JEFFREY,  
Address: 6001 CAPE LOOP  
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY DOTSON, CFO

DT

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date