


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90029 042 ***158.75

DOCUMENT # L99327

1. Entity Name
ASSOCIATED CREDIT INFORMATION SERVICES, INC.



Principal Place of Business 975 EYSTER BOULEVARD STE 1 ROCKLEDGE, FL 32955	Mailing Address 975 EYSTER BOULEVARD STE 1 ROCKLEDGE, FL 32955
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DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3029138	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DREHER, THOMAS M.
 975 EYSTER BOULEVARD
 SUITE 1
 ROCKLEDGE, FL 32955**

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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 \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D S
NAME	DREHER, SHEILA J
STREET ADDRESS	2407 FIELD CROST DR
CITY-ST-ZIP	DAVENPORT, IA 52806 - Melbourne, FL 32940
TITLE	Dreher, Thomas M P
NAME	1561 Wilmington Dr
STREET ADDRESS	Melbourne, FL 32940
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **Thomas M Dreher, President** **3/1/04** (321) **638-3591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #