

# 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

44010000



02272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3029138**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	2107 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	
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:** *Thomas M Dreher, President* **3/10/04 (321)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #