2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 08:00 AM Secretary of State

800 CREDIT HOTLINE, INC.



Principal Place of Business

12952 N. DALE MABRY HIGHWAY

Mailing Address

12952 N. DALE MABRY HIGHWAY

TAMPA, FL 33618		AMPA, FL 33618		
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r	O NOT WRITE II	NI TUIC ODA		04192005 No Chg-P CR2E034 (10/03)
La	O NOT WHILE II	WILL OFF	er lak	4. FEI Number Applied For 59-3730084 Not Applied For
	•	4		CQ 75
·				5. Certificate of Status Desired Fee Required
	6. Name and Address of Current Regis	stered Agent		The state of the s
	, STEVEN W MPA STREET	·;		DO NOT WRITE
SUITE 270 TAMPA, F	- -	: :: :: =I	•	IN THIS SPACE
17 (14)(1 7), 1	. 55552	en		
	named entity submits this statement for the tions of registered agent.	ourpose of changing its registere	d office of register	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable (NOTE, Registered	Agent signature required	wiren relastang) DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finand Trust Fund Contribution.		00 May Be ed to Fees
10.	ÓFFICERS AND DIRE	CTORS		
TITLE	PD	•	.,,	
NAME Street Address	ANDERSON, ROBERT M JR. 12952 N. DALE MABRY HWY.	••		
CITY-ST-ZIP	TAMPA, FL 33618		ŀ	סופככהתחווו
TITLE	CEOD			U00000322313 04/22/05-80032-020 150.00
NAME execut labbases	VAZQUEZ, RAUL .	• ++		The process of the contract of
STREET ADDRESS C-TY-ST-ZIP	12952 N. DALE MABRY HWY. TAMPA, FL 33618			
TITLE	VPSD	12	;:	the state of the s
NAME	VAZQUEZ, MICHAEL .			
STREET ADDRESS	12952 N. DALE MABRY HWY.			DO NOT WRITE
CITY-ST-ZIP	TAMPA, FL 33618	· · · · · · · · · · · · · · · · · · ·	:	
TITLE Name				IN THIS SPACE
STREET ADDRESS				
CITY-SI-ZIP				
TITLE		· · · · · · · · · · · · · · · · · · ·		,
NAME				• • • • • • • • • • • • • • • • • • • •
STREET ADDRESS CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS		:		
CITY-ST-ZIP			I	•

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 epont as required by Chapter 807. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachmore with an address, with all other like empowered.

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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

gligles

812-900-8600

Daytime Ptione #