


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

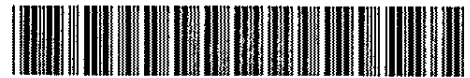
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000088457	
1. Entity Name AUTO CREDIT CENTER, INC.	

Principal Place of Business 4501 49TH ST NORTH ST PETERSBURG FL 33709	Mailing Address 909 OAKWOOD DRIVE LARGO FL 33770
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2. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc.	3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

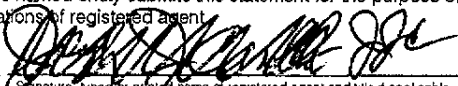


1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent	
CAROLLO, JOSEPH J 909 OAKWOOD DR LARGO FL 33770	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	CAROLLO, JOHN C
STREET ADDRESS	2003 DEL BETMAR RD
CITY - ST - ZIP	CLEARWATER FL 33763
TITLE	DT <input type="checkbox"/> Delete
NAME	CAROLLO, JOSEPH J
STREET ADDRESS	909 OAKWOOD DR
CITY - ST - ZIP	LARGO FL 33770
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U000000209048
STREET ADDRESS	02/02/05-80022-011 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/1/05** **727 528-3959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR