

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90265 016 ***150.00

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1. Entity Name

NATIONAL CAPITAL ACCEPTANCE CORPORATION



Principal Place of Business

**6531 LA MESA CIRCLE
TAMPA, FL 33634**

Mailing Address

**P.O. BOX 320612
TAMPA, FL 33679**

20046085



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0036949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, TIMOTHY T
6531 LA MESA CIRCLE
TAMPA, FL 33634**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLLIER, MARLYS
STREET ADDRESS	6531 LA MESA CIRCLE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	HARRIS, TIMOTHY T
STREET ADDRESS	6531 LA MESA CIRCLE
CITY-ST-ZIP	TAMPA, FL 33634
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: Marys Collier

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Marys Collier

4/22/05

Date

813-888-9138

Daytime Phone #