2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2005
Secretary of State

DOCUMENT# P02000115324

Entity Name: AUTO CREDIT AND FLOOR PLAN, INC.

Current Principal Place of Business:

PO BOX 57922
JACKSONVILLE, FL 32241 US

New Principal Place of Business:

Current Mailing Address:

7801 POINT MEADOWS DRIVE
UNIT 2202
JACKSONVILLE, FL 32256 US

New Mailing Address:

4771 HIGHWAY 40 EAST
ST MARY'S, GA 31558 US

FEI Number: 80-0057799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESPENSCHIED, ROCKY L
7801 POINT MEADOWS DRIVE
UNIT 2202
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PTSD	( ) Delete
Name:	ESPENSCHIED, ROCKY L	
Address:	7801 POINT MEADOWS DRIVE, UNIT 2202	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	VP	( ) Delete
Name:	BRANNEN, JAMES R	
Address:	4243 KINCARDINE DR	
City-St-Zip:	JACKSONVILLE, FL 32257 US	
Title:	TRES	( ) Delete
Name:	STALTER, TIMOTHY L	
Address:	2279-3 SEMINOLE RD	
City-St-Zip:	ATLANTIC BEACH, FL 32233 US	
Title:	SEC	( ) Delete
Name:	HAMM, MICHAEL J	
Address:	142 WOODBRIDGE RD	
City-St-Zip:	KINGSLAND, GA 31548 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCKY ESPENSCHIED PTSD 02/27/2005

Electronic Signature of Signing Officer or Director Date