

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123493

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

**Entity Name:** INTERNATIONAL ACCEPTANCE CORPORATION

**Current Principal Place of Business:**

255 S ORANGE AVE 6TH FLOOR  
ORLANDO, FL 32801

**New Principal Place of Business:**

111 NORTH MAGNOLIA AVENUE  
SUITE 1600  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 1511  
ORLANDO, FL 32802

**New Mailing Address:**

**FEI Number:** 04-3724893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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: DP ( ) Delete  
Name: OLIVER, ERIN  
Address: 255 S ORANGE AVE 6TH FLOOR  
City-St-Zip: ORLANDO, FL 32801

Title: S ( ) Delete  
Name: WILSON, PATRICIA T  
Address: 255 S ORANGE AVE 6TH FLOOR  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: OLIVER, ERIN  
Address: 111 NORTH MAGNOLIA AVENUE, #1600  
City-St-Zip: ORLANDO, FL 32801

Title: S (X) Change ( ) Addition  
Name: WILSON, PATRICIA T  
Address: 111 NORTH MAGNOLIA AVENUE, #1600  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA T. WILSON

S

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date