2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000037158

Entity Name: BANKERS CREDIT CORPORATION

FILED Apr 12, 2007 Secretary of State

	orpar i idet	e of Business:	New Principal Place	. o. <u>-</u> aoineo.
	ERWOOD DRI' OOD, FL 32779		1053 MAITLAND CEI SUITE 200 MAITLAND, FL 3275	NTER COMMONS BLVD 11
Current N	Mailing Addres	ss:	New Mailing Addres	ss:
	ERWOOD DRIY OOD, FL 32779		1053 MAITALND CEI SUITE 200 MAITLAND, FL 3275	NTER COMMONS BLVD
FEI Number	r: 20-0034150	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
107 AMBÉ	EMMETT J ERWOOD DRI' OOD, FL 32779			
	e named entity e of Florida.	submits this statement for the	e purpose of changing its register	ed office or registered agent, or both,
SIGNATU	RE:			
Flection Ca		nic Signature of Registered A	gent	Date
	mpaign Financin	g Trust Fund Contribution ().		
OFFICER Title: Name: Address:	mpaign Financin	g Trust Fund Contribution (). CTORS:) Delete METT J OOD DRIVE		Date BES TO OFFICERS AND DIRECTO () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	mpaign Financin S AND DIREC D (FOSTER, EMM 107 AMBERW LONGWOOD,	g Trust Fund Contribution (). ETORS:) Delete METT J OOD DRIVE FL 32779) Delete OBERT L RANCH ROAD	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTO
	mpaign Financin S AND DIREC D (FOSTER, EMM 107 AMBERWO LONGWOOD, D (KOSNOSKI, RO 870 N. SANDB MT. HOPE, WA	g Trust Fund Contribution (). CTORS:) Delete METT J OOD DRIVE FL 32779) Delete OBERT L RANCH ROAD / 258808903) Delete L. CLEVELAND RN WAY	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

|--|

107 AMBERWOOD DRIVE

LONGWOOD, FL 32779

Address:

City-St-Zip: