

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000052752

**Entity Name:** YOUR COLLECTION COMPANY INC.

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

4095 STATE RD 7  
L215  
LAKE WORTH, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

4095 STATE RD 7  
L215  
LAKE WORTH, FL 33449

**New Mailing Address:**

FEI Number: 01-0782592      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

DELGADO, HOLLY  
3450 HARNESS CIRCLE  
LAKE WORTH, FL 33449    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:      PST      (  ) Delete  
Name:      DELGADO, HOLLY  
Address:    4095 STATE RD 7 #L215  
City-St-Zip: LAKE WORTH, FL 33449

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

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

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: HOLLY DELGADO

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date