2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 16, 2004 08:00 AM Secretary of State

<i>I</i>	ANNUAL REPORT					Secretary of State				
1. Entity Nam							J			
CARDHO	DLDERS ACCEPTANCE CO	OMPANY.								
Principal Plac	e of Business	Mailing Address								
314 S BAYLEN ST STE 203 PENSACOLA, FL 32502		314 S BAYLEN ST STE 203 PENSACOLA, FL 32502					n 2180 4 1004 10	ecunius ao distras		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt #, etc.		01132004	Chg-P	CR2E0	34 (10/03)			
Cny & State		City & State			4. FEI Number				plied For Applicable	
Zip	Country	Zip	Country		5. Certificate of	if Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of Nev				
GUTTMANN, STEPHEN M			Name							
2100 FLE			Street Address		P.O Box Number	is Not Accepta	ible)			
<u> </u>			City			<u> </u>	FL	Zip Code	<u>.</u>	
	e named entity submits this statement to tions of registered agent.	for the purpose of changing its re	egistered office o	x register	ed agent, or both	a, in the State of	Florida, I am f	amiliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered age:	it and state is applicable (NOTE,	Registered Agent agri	inse tegimes	l when reinstating)	·	DATE		<u>-</u>	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Efection Campaig Trust Fund Contril			.00 May Be led to Fees					
10.	OFFICERS AND	D DIRECTORS .	11.		ADDITIONS/C	CHANGES TO C	FFICERS AND	DIRECTOR	S (N 11	
TITLE NAME	D GUTTMANN, STEPHEN M	☐ Delete	HILL NAMAL			Hoor		Change	Addition	
STREET ADDRESS	314 S BAYLEN ST STE 203		STRLET ADDRESS			91/16/1	00000664 04-80044	6 ~012 1′	50 nn	
CHY-ST ZIP	PENSACOLA, FL 32502	<u> </u>	CHY-ST ZIP	ļ <u>.</u>			21 00011			
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STREET ADDRESS			SHPLET ADDRESS							
CHY-ST ZIP		☐ Delete	CITY-ST-ZIP	 			<u> </u>	Change	☐ Addition	
NAME	_	L) Delcte	THLE NAME					□ citalita	L_3 Addition	
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tor.		☐ Delete	TOLE	1	·-·································			☐ Change	Addition	
NAME. STREET ADDRESS	}		NAME STREET ADDRESS							
CITY -ST- ZIP		2	CITY-ST ZIP							
12. I hereby indicated of the co	certify that the information supplied wid on this report or supplemental people reporation or the receiver or trusted an	th this filing does not qualify for the firm and accurate and that my powered to execute this renor a	the exemption st y signature shall as required by Ch	ated in Se have the lapter 60	ection 119.07(3)(i) same legal effect 7. Florida Statutes), Florica Statute as if made und 3, and that my n	es. I furiner cert er oath, that I a ame appears in	illy that the ir im an officer a Block 10 o	nturmation or director r Block 11 if	
changed	i, or on an attachment with an address	with all other like empowered.	, = 2 - 7 0.		,		4-1	. = 😽		