

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90068 050 ***150.00

DOCUMENT # P04000023469

1. Entity Name

TRANSAMERICA CREDIT, INC.



Principal Place of Business

121 ALDEAN DR
SANFORD FL 32771

Mailing Address

121 ALDEAN DR
SANFORD FL 32771

2. Principal Place of Business - No P.O. Box #

1260 UPSALA Rd.

3. Mailing Address

1260 UPSALA Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

Zip

32771

Country

Zip

32771

Country

4. FEI Number

81-0643293

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

STONE, STEPHEN M
725 NORTH MAGNOLIA AVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name Timothy Moore
Street Address (P.O. Box Number is Not Acceptable)
1260 UPSALA Rd.
Sanford
City Sanford FL Zip Code 32771

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME P
GOLDSMITH, VALERIE L ☒ Delete
STREET ADDRESS 121 ALDEAN DR
CITY-ST-ZIP SANFORD FL 32771

TITLE NAME D
GOLDSMITH, VALERIE L ☒ Delete
STREET ADDRESS 121 ALDEAN DR
CITY-ST-ZIP SANFORD FL 32771

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ONLY Director
NAME Timothy Moore
STREET ADDRESS 1260 UPSALA Rd
CITY-ST-ZIP Sanford, FL 32771 ☐ Change ☒ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07

Date

(407)323-1554

Daytime Phone #