

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90012 028 \*\*\*150.00

DOCUMENT # P05000098367

1. Entity Name

AMERICA'S BEST CREDIT SERVICES, INC.



Principal Place of Business

8010 CONSERVATORY DRIVE  
SARASOTA FL 34243

Mailing Address

8010 CONSERVATORY DRIVE  
SARASOTA FL 34243



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

7303 MERCHANT COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite A

City & State

SARASOTA, FLA

Zip

34243

Country

Manate

Zip

Country

SAME AS ABOVE

1st MOORE

CR2E034 (10/06)

4. FEI Number 11-3754631

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CALLAGHAN, MARK T  
8010 CONSERVATORY DRIVE  
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

4-5-07

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

1001  
NAME  
DIR  
CALLAGHAN, MARK T  
STREET ADDRESS  
8010 CONSERVATORY DRIVE  
CITY- ST- ZIP  
SARASOTA FL 34243 ☐ Delete

1002  
NAME  
DIR  
CALLAGHAN, DIANNA L  
STREET ADDRESS  
8010 CONSERVATORY DRIVE  
CITY- ST- ZIP  
SARASOTA FL 34243 ☐ Delete

1003  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

1004  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

1005  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

1006  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1101  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

1102  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

1103  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

1104  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

1105  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

1106  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

Signature: Mark T. Callaghan, President

4-5-07

941-373-6991

941-345-5581