

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000153760

1. Entity Name
DR. CREDIT USA FRANCHISE CORP.



Principal Place of Business
**195 BLANDING BLVD
STE 4A
ORANGE PARK, FL 32073**

Mailing Address
**195 BLANDING BLVD
STE 4A
ORANGE PARK, FL 32073**



03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2116141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD
STE 504
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0000007307212
05/05/08 80025 010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARLTON, EDWARD 8863 CANOPY OAKS DR JACKSONVILLE, FL 32256
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CARLTON, CHERYLE 8863 CANOPY OAKS DR JACKSONVILLE, FL 32256
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARLTON, DALE 4253 ROYAL RIDGE DR DALLAS, TX 75229
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, WINSLOW 420 TREASUREWOOD RD GLENVILLE, NC 28736
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

4/15/08