

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086140

FILED
Sep 03, 2009
Secretary of State

Entity Name: AMERICREDIT DEBT COUNSELING SERVICES, INC.

Current Principal Place of Business:

7 E. SILVER SPRINGS BLVD.
SUITE 103
OCALA, FL 34470

New Principal Place of Business:

1541 NE 8 AVE.
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 770474
OCALA, FL 34477

New Mailing Address:

FEI Number: 26-4045634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADILLA, MARCOS T
19920 SW FLAMINGO DR.
DUNNELLON, FL 34431 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PADILLA, MARCOS T
Address: 19920 SW FLAMINGO DR.
City-St-Zip: DUNNELLON, FL 34431

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: MARCOS PADILLA

P

09/03/2009

Electronic Signature of Signing Officer or Director

Date