

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000103747

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** ECLIPSE RECEIVABLE MANAGEMENT, INC.

**Current Principal Place of Business:**

10152 MONTAGUE ST.  
TAMPA, FL 33626

**New Principal Place of Business:**

13942 WEST HILLSBOROUGH AVE  
TAMPA, FL 33635

**Current Mailing Address:**

10152 MONTAGUE ST.  
TAMPA, FL 33626

**New Mailing Address:**

13942 WEST HILLSBOROUGH AVE  
TAMPA, FL 33635

**FEI Number:** 45-4001207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGSAM, BRIAN J  
10152 MONTAGUE ST.  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

LANGSAM, BRIAN J  
13942 WEST HILLSBOROUGH AVE  
TAMPA, FL 33635 US

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: BRIAN LANGSAM

04/27/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,S  
Name: LANGSAM, BRIAN J  
Address: 10152 MONTAGUE ST.  
City-St-Zip: TAMPA, FL 33626

Title: VP,T  
Name: WOJICK, SCOTT D  
Address: 6984 122ND DR.  
City-St-Zip: LARGO, FL 33773

I hereby 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 all other like empowered.

SIGNATURE: BRIAN LANGSAM

PRES

04/27/2012

Electronic Signature of Signing Officer or Director

Date