## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P94000002642**

CHASE ACCEPTANCE CORPORATION



Principal Place of Business

Mailing Address

5599 34TH STREET NORTH

PO BOX 60039

BLDG. B ST. PETERSBURG, FL 33714 ST. PETERSBURG, FL 33784

## **FILED** Apr 15, 2005 8:00 am Secretary of State

04-15-2005 90076 029 \*\*\*150.00



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No Chg-P

CR2E034 (10/03)

4. FEI Number

59-3215358

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

COSTELLO, FRANK J 5599 34TH STREET NORTH BLDG, B

ST. PETERSBURG, FL 33714

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FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11TLE STD COSTELLO, FRANK J 250 115TH AVENUE COSTELLO, FRANK J 250 115TH AVENUE TREASURE ISLAND, FL 33706  11TLE PD COLDBERG, BYRON STRET ADDRESS 5293 59TH AVE, SOUTH OTY-51-2P SAINT PETERSBURG, FL 33715  11TLE VD MCALLISTER, DARYL W STRET ADDRESS 5293 4 20TH AVENUE N. ST. PETERSBURG, FL 33710  11TLE MAKE STORESS DIRECTORS  11TLE MAKE STORESS DIRECTORS  11TLE MAKE STORESS DIRECTORS  11TLE MAKE STORESS DIRECTORS  11TLE MAKE STORESS DIRECTORS STORESS DIRECTORS  11TLE MAKE STRET ADDRESS DIRECTORS STORESS DIRECTORS  11TLE MAKE STRET ADDRESS DIRECTORS STORESS DIRECTORS STRET ADDRESS DIRECTORS STRETA ADDRESS DIRE								
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  110. OFFICERS AND DIRECTORS  111. STD COSTELLO, FRANK J SIDER JADRES CITY-SI-2P SIDER JADRES SUTH AVENUE GITY-SI-2P SAINT PETERSBURG, FL 33716  ITHE NAME CHYSI-2P SIZER JADRES SIZER JAZRES SIZER JA	SIGNATURE_	<u> </u>	<del></del>	-	• • •	<del>*</del>		
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees  Trust Fund Contribution.  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees  Trust Fund Contribution.  Trust Fund Contribution.  Added to Fees  Trust Fund Contribution.  Added to Fund Contribution.  Added t	**	Signature, typed or printed name of registered agent and tale i	applicable. (NOTE: I	Registered Agent signature	required when reinstating)	DATE		
ITILE NAME COSTELLO, FRANK J SIRET JADRESS S								
MAME SINET ADDRESS CITY-ST-2P TREASURE ISLAND, FL 33706 TITLE MAME GOLDBERG, BYRON SIRET ADDRESS SIRET ADDRESS CITY-ST-2P MAKE SIRET ADDRESS CITY-ST-2P  TITLE MAME SIRET ADDRESS CITY-ST-2P  TITLE	10.	OFFICERS AND DIREC	TORS		·			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TIT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCALLISTER, DARYL W 5234 20TH AVENUE N.			DO NOT WRITE			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	name Street address				IN 7	THIS SPACE		
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	NAME STREET ADDRESS	#	1					
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I riereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 actives, with all other like empowered.

SIGNATURE: