

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000027244

Entity Name: QUALITY ACCEPTANCE CORP.

FILED
Mar 03, 2006
Secretary of State

Current Principal Place of Business:

30 HARDING AVENUE
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

30 HARDING AVENUE
ST AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3235753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCCLELLAN, ROBERT G JR
30 HARDING AVE
SAINT AUGUSTINE, FL 32084 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MCCLELLAN, HARRIETTE T
Address: 3213 TURTLE CREEK RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: PD () Delete
Name: MCCLELLAN, ROBERT G JR.
Address: 3213 TURTLE CREEK RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: MCCLELLAN, HARRIETTE T SECTREA
Address: 3213 TURTLE CREEK RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: PD (X) Change () Addition
Name: MCCLELLAN, ROBERT G PRES
Address: 3213 TURTLE CREEK RD
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP () Change (X) Addition
Name: MCCLELLAN, TODD A VP
Address: 117 HIAWATHA COURT
City-St-Zip: EAST PALATKA, FL 32177

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT G. MCCLELLAN JR

PRES

03/03/2006

Electronic Signature of Signing Officer or Director

Date