

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/2

FILED
Apr 09, 2008 8:00 am
Secretary of State

03-24-2008 90037 022 ***150.00

DOCUMENT # P94000079197 1. Entity Name ST. PETE ACCEPTANCE CORP.	
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Principal Place of Business 2500 34TH ST NO ST PETERSBURG, FL 33713 US	Mailing Address 2500 34TH ST NO ST PETERSBURG, FL 33713 US
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66006167



03102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3276473	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERGER, TODD 7310 GULF BLVD. ST PETERSBURG BEACH, FL 33706
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**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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST DOUGLAS, WILLIAM P 2500 34TH ST NO ST PETERSBURG, FL 33713
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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: W. Douglas, Pres. WILLIAM DOUGLAS 4/7/08 727-323-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #