


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 034 ***150.00

DOCUMENT # P94000085079	
1. Entity Name FEDERATED ACCEPTANCE, INC.	

Principal Place of Business P.O. BOX 22023 TAMPA, FL 33622-2023	Mailing Address P.O. BOX 22023 TAMPA, FL 33622-2023
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60041073



2. Principal Place of Business 14241 60th St. North Suite, Apt. #, etc.	3. Mailing Address 601 Jefferson Davis Hwy. Suite 201
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03242005 Chg-P CR2E034 (10/03)

City & State Clearwater, FL	City & State Fredericksburg, VA
Zip 33760	Zip 22401
Country USA	Country USA

4. FEI Number 59-3140378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DRAKEFORD & DRAKEFORD, P.A. 2212 E. 4TH AVE. TAMPA, FL 33605	7. Name and Address of New Registered Agent Name Drakeford & Drakeford, P.A. Street Address (P.O. Box Number is Not Acceptable) 14241 60th Street North City Clearwater FL Zip Code 33760
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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 Drakeford & Drakeford, P.A. Sue Repin agent DATE 4-10-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAPHEER, DAISY J P.O. BOX 22023 TAMPA, FL 336222023 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Edward Aliff 14241 60th St. N. Clearwater, FL 33760 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 address, with all other like empowered.

SIGNATURE: Edward Aliff Edward Aliff DATE 4-14-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR