

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000086381

1. Entity Name
AUTO CREDIT SERVICES, INC.



Principal Place of Business
6222 US HWY 301 S.
RIVerview, FL 33569-3827 US

Mailing Address
6222 US HWY 301 S.
RIVerview, FL 33569-3827 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip 33578 Country Zip 33578 Country

6. Name and Address of Current Registered Agent

ALLEN, DANIEL S
6222 U.S. HIGHWAY 301 SOUTH
RIVerview, FL 33569

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code 33578

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

Beverly Allen *4/28/08*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when renewing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OS
NAME ALLEN, DANIEL S
STREET ADDRESS 6222 US HWY 301 SOUTH
CITY-ST-ZIP RIVerview, FL 33569

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

33578

TITLE DP
NAME ALLEN, BEVERLY
STREET ADDRESS 6222 US HWY 301 SOUTH
CITY-ST-ZIP RIVerview, FL 33569

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

33578

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Beverly Allen* *4/28/08*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90200 006 ***150.00

60034471



01162008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3281345	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired \$8.75 Additional Fee Required