2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070401

FILED Jun 30, 2004 Secretary of State

Entity Name: AFFILIATED COLLECTION SERVICE OF FLORIDA, INC. **New Principal Place of Business: Current Principal Place of Business:** 1375 FT HARRISON CLEARWATER, FL 33756 US **Current Mailing Address: New Mailing Address:** P.O. BOX 3596 CLEARWATER, FL 33767 US FEI Number: 59-3332986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURIAN, CARL B 640 S. BAYWAY BLVD., #102 CLEARWATER, FL 33767 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change () Addition BURIAN, CARL B BURIAN, CARL B Name: Name: 640 S. BAYWAY BLVD., #102 P.O. BOX 3596 Address: Address: City-St-Zip: CLEARWATER, FL 34630 City-St-Zip: CLEARWATER, FL 33767 Title: Title: () Delete TS (X) Change () Addition DELORES P BURIAN. Name: Name: BURIAN, DELORES P 640 S BAYWAY BLVD 102 P.O. BOX 3596 Address: Address: CLEARWATER, FL 33767 City-St-Zip: CLEARWATER, FL City-St-Zip:

Title: (X) Delete STEPHEN E WILLIAMS Name:

130 MARINA DEL REY CT Address: City-St-Zip:

Title: () Change () Addition Name:

Address: CLEARWATER, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARL B BURIAN **PRES** 06/30/2004