

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90291 016 ***150.00

20019035



01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000070401					
1. Entity Name AFFILIATED COLLECTION SERVICE OF FLORIDA, INC.					
Principal Place of Business 1375 FT HARRISON CLEARWATER, FL 33756 US			Mailing Address P.O. BOX 3596 CLEARWATER, FL 33767 US		
2. Principal Place of Business 639 CLEVELAND ST Suite, Apt. #, etc. # 320			3. Mailing Address P.O. Box 3596 Suite, Apt. #, etc.		
City & State CLEARWATER FL			City & State CLEARWATER FL		
Zip 33755 Country USA			Zip 33767 Country USA		
4. FEI Number 59-3332986			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			S\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BURIAN, CARL B 640 S. BAYWAY BLVD., #102 CLEARWATER, FL 33767			7. Name and Address of New Registered Agent Name: CARL BURIAN Street Address (P.O. Box Number is Not Acceptable) 639 CLEVELAND ST #320 City: CLEARWATER FL Zip Code: 33767		
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: <u>Carl Burian</u> DATE: <u>1-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURIAN, CARL B P.O. BOX 3596 CLEARWATER, FL 33767	<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	TS BURIAN, DELORES P P.O. BOX 3596 CLEARWATER, FL 33767	<input checked="" 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
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
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
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: <u>Carl Burian</u> <u>CARL BURIAN</u> <u>1-4-04</u> <u>727-466-0772</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					