


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90166 018 ***150.00

DOCUMENT # P96000027744	
1. Entity Name SOUTHERN STATES CREDIT & COLLECTIONS BUREAU, INC.	

Principal Place of Business 224 E. GARDEN STREET STE. 7 PENSACOLA, FL 32502 US	Mailing Address 224 E. GARDEN STREET STE. 7 PENSACOLA, FL 32502 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40059454



01082007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3366489	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOWELL, ROBERT W 224 EAST GARDEN STREET STE. 325 PENSACOLA, FL 32502	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: <i>Robert W. Lowell</i>	DATE

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, 2007 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LOWELL, ROBERT W 224 E GARDEN ST, STE 7 PENSACOLA, FL 32502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lowell, Robert W 224 E. GARDEN ST, STE. 7 PENSACOLA, FL 32502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWELL, ROBERT W 224 E. GARDEN ST, STE. 7 PENSACOLA, FL 32502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWELL, ROBERT W 224 E. GARDEN ST, STE 7 PENSACOLA, FL 32502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: <i>Robert W. Lowell</i>	Date: <i>02-22-07</i>	Daytime Phone #: <i>850-438-8718</i>
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Robert W. Lowell

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000027744

1. Entity Name
SOUTHERN STATES CREDIT & COLLECTIONS BUREAU,
INC.



Principal Place of Business
224 E. GARDEN STREET
STE. 7
PENSACOLA, FL 32502 US

Mailing Address
224 E. GARDEN STREET
STE. 7
PENSACOLA, FL 32502 US

ATTACHMENT

40059459

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3366489

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

LOWELL, ROBERT W
224 EAST GARDEN STREET
STE. 325
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2007 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME LOWELL, ROBERT W
STREET ADDRESS 224 E GARDEN ST, STE 7
CITY-ST-ZIP PENSACOLA, FL 32502 ☐ Delete

TITLE VP
NAME Lowell, Robert W.
STREET ADDRESS 224 E. GARDEN ST, STE. 7
CITY-ST-ZIP PENSACOLA, FL 32502 ☐ Delete

TITLE S
NAME LOWELL, ROBERT W
STREET ADDRESS 224 E. GARDEN ST, STE. 7
CITY-ST-ZIP PENSACOLA, FL 32502 ☐ Delete

TITLE T
NAME LOWELL, ROBERT W
STREET ADDRESS 224 E. GARDEN ST, STE 7
CITY-ST-ZIP PENSACOLA, FL 32502 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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SIGNATURE: Robert W. Lowell 02-22-07 850-438-8718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert W. Lowell

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DO NOT WRITE IN THIS SPACE

ATTACHMENT

40059459

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3366489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOWELL, ROBERT W
224 EAST GARDEN STREET
STE. 325
PENSACOLA, FL 32502

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LOWELL, ROBERT W 224 E GARDEN ST, STE 7 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWELL, ROBERT W 224 E. GARDEN ST, STE. 7 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOWELL, ROBERT W 224 E. GARDEN ST, STE. 7 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWELL, ROBERT W 224 E. GARDEN ST, STE 7 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE: Robert W. Lowell 01-08-07 8:50
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robert W. Lowell