## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT # P96000027744** 04-13-2007 90166 018 \*\*\*150.00 SOUTHERN STATES CREDIT & COLLECTIONS BUREAU. INC. 40059459 Principal Place of Business Mailing Address 224 E. GARDEN STREET 224 E. GARDEN STREET STE. 7 STF 7 PENSACOLA, FL 32502 PENSACOLA, FL 32502 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3366489 Not Applicable Country Zip Country Ζip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOWELL, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 224 EAST GARDEN STREET STE. 325 PENSACOLA, FL 32502 City 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 Rorida. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition PRES Delete nne TITLE LOWELL, ROBERT W NAME 224 E GARDEN ST, STE 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32502 CITY-ST-ZIP Change ☐ Addition Oelete TITLE Lowiell, Robert W NAME NAME 224 E. GARDEN ST, STE. 7 STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32502 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE LOWELL, ROBERT W NAME NAME STREET ADDRESS 224 E. GARDEN ST. STE. 7 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32502 CITY-ST-ZIP Change ☐ Addition TETLE ☐ Delete TITLE LOWELL, ROBERT W NAME NAME STREET ADDRESS 224 E. GARDEN ST, STE 7 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32502 CITY-ST-ZIP ☐ Chance Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 acceptate 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 fluid empowared. changed, or on an attachment with an address SIGNATURE:

FILED Apr 13, 2007 8:00 am

Secretary of State

Robert W. Lowell

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1. Entity Nam	ne	# P9600002		JREAU,			ATTA	HMENT		
Principal Place of Business Mailing Address					<u></u>		MAC	HUBAR	ž.	
224 E. GARD	EN STREET		224 E. GARDEN STREET				_	LINEWA		
STE. 7 PENSACOLA,	,FL 32502	US	STE, 7 PENSACOLA, FL	ensacola, FL 32502 US		1	22/11	501		
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address			_' <i>H</i> C	1 4005°145°1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01082007				
City & State			City & State				4. FEI Number Applied For 59-3366489 Not Applicable			
Zip		Country	Zip	Coun	try	5. Certificate	e of Status Desired [	□ \$8.75 Add Fee Require		
	6. Name	and Address of Curren	Registered Agent			7. Name and	Address of New Regis	tered Agent		
LOWELL, ROBERT W					Name					
224 EAST STE. 325					Street Address (P.O. Box Number is Not Acceptable)					
PENSACC	DLA, FL 3	2502	Cit		City	<u> </u>		FL Zip Code	e	
9. The share	ad antib	a advanta this atalog and f	or the summer of phase				the in the Casto of Florida	<u> </u>	and assess	
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 titls if applicable. (NOTE: Registered Agent signature required when reinstading)  OATE										
		FEE IS \$150.00 7 Fee will be \$550		Campaign Finar d Contribution.		\$5.00 May Be Added to Fees				
10.	1	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFICE			
TITLE NAME	-				E			☐] Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	224 E GA	RDEN ST, STE 7 OLA, FL 32502		STRE	ET ADDRESS - St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	224 E. G/	LU, Robert I ARDEN ST, STE. 7 OLA, FL 32502	Delete	NAM Stre				☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-7JP			□ Delea	NAM Stre	I			Change	☐ Addition	
indicated of the co	t on this repo sporation or t	e information supplied wi ort or supplemental report the receiver or trustee em achment with an address	is true and accurate an owered to execute this	of that my signal report as requi	iture shall have I	the same legal effe	ect as if made under oath tes; and that my name ap	; that I am an officer opears in Block 10 o	r or director or Block 11 if	
SIGNATURE: W. Lowelf 02-22-37 850-438-8718  SIGNATURE AND TYPED OR PRINTED HAME OF SHORING OFFICER OR DIRECTOR  Date Date Date Date Date Date Description Printe &										

Robert W. Lowell

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### **DOCUMENT # P96000027744** SOUTHERN STATES CREDIT & COLLECTIONS BUREAU. INC. ATTACHMENT Principal Place of Business Mailing Address 224 E. GARDEN STREET 224 E. GARDEN STREET STF 7 STF 7 PENSACOLA, FL 32502 PENSACOLA, FL 32502 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 59-3366489 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent LOWELL, ROBERT W DO NOT WRITE 224 EAST GARDEN STREET STE, 325 IN THIS SPACE PENSACOLA, FL 32502 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 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PRES TITLE LOWELL, ROBERT W NAME STREET ADORESS 224 E GARDEN ST, STE 7 CITY-S1-ZIP PENSACOLA, FL 32502 Lowell, Rober + W IIILE NAME STREET ADDRESS 224 E. GARDEN ST, STE, 7 CITY-ST-ZIP PENSACOLA, FL 32502 TITLE NAME LOWELL, ROBERT W STREET ADDRESS 224 E. GARDEN ST, STE, 7 DO NOT WRITE CITY-ST-ZIP PENSACOLA, FL 32502 TITLE IN THIS SPACE LOWELL, ROBERT W NAME STREET ADDRESS 224 E. GARDEN ST, STE 7 PENSACOLA, FL 32502 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

01-08-07

Robert W. Lowell

SIGNATURE:

ith an address, with all other like empowered.