

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000059352

1. Entity Name
NATIONWIDE COLLECTIONS, INC.



Principal Place of Business

**805 VIRGINIA AVE., STE 1
FORT PIERCE, FL 34982 US**

Mailing Address

**805 VIRGINIA AVE., STE 1
FORT PIERCE, FL 34982 US**

FILED
May 02, 2008 08:00 AM
Secretary of State



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0687101

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCGARVEY, PHILLIP A
9407 POINCIANA COURT
FORT PIERCE, FL 34951**

**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 _____

(Signature of officer or director, or registered agent, if the latter case.)

(Not applicable if agent is a corporation or other entity.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2009 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000346026
05/30/08-80030-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MCGARVEY, PHILLIP**
STREET ADDRESS **9407 POINCIANA COURT**
CITY-ST-ZIP **FORT PIERCE, FL 34951**

TITLE **D**
NAME **MCGARVEY, VADA**
STREET ADDRESS **9407 POINCIANA**
CITY-ST-ZIP **FT PIERCE, FL 34951**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 "D" or Block "E" if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08
Date

SECRETARY OF STATE