

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90187 007 ***150.00

DOCUMENT # P99000085585

1. Entity Name

CREDIT ONE CORPORATION



Principal Place of Business

840 W NEW YORK AVE
STE D
DELAND FL 32720

Mailing Address

PO BOX 1929
DELAND FL 32721

2. Principal Place of Business

505 E. NEW YORK AVE

3. Mailing Address

PO BOX 3462

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

DELAND, FL

City & State

DELAND, FL

City & State

DELAND, FL

Zip

32724

Country

VOLUSIA

Zip

32721

Country

VOLUSIA

4. FEI Number

59-3615651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COOK, RICHARD R
840 W NEW YORK AVE
STE D
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

COOK, RICHARD R.

Street Address (P.O. Box Number is Not Acceptable)

505 E. NEW YORK AVE

SUITE 8

City

DELAND

FL

Zip Code

32724

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPS
BASHAW, JAMES H
1460 CHRIS AVE.
DELAND FL 32724

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ Change ☐ 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:

James M. Bashaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/04 386-943-8446