

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S82803

1. Entity Name
SOUTHWEST ACCEPTANCE FINANCE COMPANY



Principal Place of Business
**5340 N 40TH STREET
TAMPA, FL 33610 US**

Mailing Address
**5340 N 40TH STREET
TAMPA, FL 33610 US**

FILED
Feb 04, 2008 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

02012008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3090982

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUCULICH, STEVEN
5340 N 40TH STREET
TAMPA, FL 33610**

**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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000813814
02/13/08-80019-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUCULICH, STEVEN 5340 N 40TH STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUCULICH, STEVEN 5340 N 40TH STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUCULICH, STEVEN 5340 N 40TH STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, MARTHA C SECRETA 5340 N 40TH STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #