

1.) CORPORATION NAME:

Auto Credit of Florida, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

DUE DATE: **6/30/2012**

SCC ID NO: **F1633306**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	10,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 RIVERSIDE PARK PLACE
SUITE 310

CITY/ST/ZIP: JACKSONVILLE, FL 32204-3342

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	R GLYNN WIMBERLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	701 RIVERSIDE PARK PLACE		
CITY/ST/ZIP/CO:	STE 200 JACKSONVILLE, FL 32204		

NAME:	RUSSELL T. LANE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 RIVERSIDE PARK PLACE		
CITY/ST/ZIP/CO:	SUITE 200 JACKSONVILLE, FL 32204		

NAME:	BRIAN W. LYNSKEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 RIVERSIDE PARK PLACE		
CITY/ST/ZIP/CO:	SUITE 200 JACKSONVILLE, FL 32204		

NAME:	JEFFERY S CURRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	701 RIVERSIDE PARK PLACE		
CITY/ST/ZIP/CO:	SUITE 310 JACKSONVILLE, FL 32204		

NAME:	JEFFREY S CURRY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	701 RIVERSIDE PARK PLACE		
CITY/ST/ZIP/CO:	SUITE 310 JACKSONVILLE, FL 32204		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER M. GRAHAM DIRECTOR 701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAMPTON H. GRAHAM DIRECTOR 701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID C HODGES JR DIRECTOR 701 RIVERSIDE PARK PLACE SUITE 310 JACKSONVILLE, FL 32204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ R GLYNN WIMBERLY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	R GLYNN WIMBERLY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/10/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			