


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002440
1. Entity Name
MORTGAGE NOW, INC.



Principal Place of Business: **750 WEST RESOURCE DRIVE, #300
BROOKLYN HEIGHTS, OH 44131**
Mailing Address: **750 WEST RESOURCE DRIVE, #300
BROOKLYN HEIGHTS, OH 44131**

DO NOT WRITE IN THIS SPACE



04092005 No Chg-P CR2E034 (10/03)

4. FEI Number: **31-1546027** Applied For / Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FAULEY, KEVIN
16017 NORTH FLORIDA
LUTZ, FL 33549**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SCHWARTZ, JAMES C
STREET ADDRESS	750 WEST RESOURCE DRIVE, #300
CITY-ST-ZIP	BROOKLYN HEIGHTS, OH 44131
TITLE	VD
NAME	BICE, EVERT D
STREET ADDRESS	750 WEST RESOURCE DRIVE, #300
CITY-ST-ZIP	BROOKLYN HEIGHTS, OH 44131
TITLE	S
NAME	BUCKLEY, ANITA
STREET ADDRESS	750 WEST RESOURCE DRIVE, #300
CITY-ST-ZIP	BROOKLYN HEIGHTS, OH 44131
TITLE	T
NAME	MANN, LAURA
STREET ADDRESS	750 WEST RESOURCE DRIVE, #300
CITY-ST-ZIP	BROOKLYN HEIGHTS, OH 44131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

04/16/05-80052-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **PRESIDENT** 4-12-05 216-635-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #