2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State
01-28-2005 90017 013 ***150.00

DOCUMENT # P03000052080

1. Entity Name
NATIONS COMMERCIAL LENDING SERVICES, INC.

400077J6U

Principal Place of Business	Mailing Address
401 FAIRWAY DRIVE SUITE 200 DEERFIELD BEACH, FL 33441	401 FAIRWAY DRIVE SUITE 200 DEERFIELD BEACH, FL 33441

01212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 06-1695115 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARMPRIESTER, JACOB ~~20826 PEBBLE CREEK COURT~~ ~~BOCA RATON, FL 33498~~	Name Street Address (P.O. Box Number is Not Acceptable) ARMPRIESTER LAW OFFICES 401 FAIRWAY Drive, Ste 200 City DEERFIELD BEACH FL Zip Code 33441

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 _____ 1/21/05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHANAHAN, PATRICK 401 FAIRWAY DRIVE, SUITE 200 DEERFIELD BEACH, FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SEC~~ ARMPRIESTER, JACOB 401 FAIRWAY DRIVE, SUITE 200 DEERFIELD BEACH, FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S/D	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRAVEL, BRYANT VP 401 FAIRWAY DRIVE, SUITE 200 DEERFIELD BEACH, FL 33441	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SMITH, MARK VP 401 FAIRWAY DRIVE, SUITE 200 DEERFIELD BEACH, FL 33441	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #