

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



04092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1546027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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

000000303802

04/16/05-80052-010 150.00

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	

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4-12-05 216-635-0000

Date

Daytime Phone #