

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90022 008 ***150.00

DOCUMENT # P01000074811

1. Entity Name

LOANS IN PROCESS, INC.



Principal Place of Business

3150 BAY STREET
GULF BREEZE FL 32563

Mailing Address

3150 BAY STREET
GULF BREEZE FL 32563

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3732667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAYLOR, CAROLE L
5560 AURORA DR
CRESTVIEW FL 32539-7005

7. Name and Address of New Registered Agent

Name

CAROLE L. BRYAN

Street Address (P.O. Box Number is Not Acceptable)

3150 BAY STREET

City

GULF BREEZE

FL

Zip Code
32563

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 CAROLE L. BRYAN

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME NAYLOR, CAROLE L
STREET ADDRESS 5560 AURORA DRIVE
CITY-ST-ZIP CRESTVIEW FL 32539-7005

TITLE VPT ☐ Delete
NAME LANCASTER, LOIS K
STREET ADDRESS 5560 AURORA DR
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☒ Change ☐ Addition
NAME BRYAN, CAROLE L.
STREET ADDRESS 3150 BAY STREET
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME FRED BRYAN
STREET ADDRESS 3150 BAY STREET
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carole L. Bryan 3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLE L. BRYAN
PRESIDENT

Date

Daytime Phone #

850-934-4566