

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90005 044 ***150.00

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1. Entity Name

ESTATE LENDERS CORP.



Principal Place of Business

445 LAKEVIEW DRIVE,
UNIT 6
WESTON FL 33326

Mailing Address

ESTATE LENDERS CORP
P.O. BOX 267794
WESTON FL 33326



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-1164691

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

GERBER, TOBYE
445 LAKEVIEW DRIVE, APT 6
WESTON FL 33326

Name

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

City

FL

Zip Code

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GERBER, TOBYE
STREET ADDRESS 445 LAKEVIEW DRIVE, APT 6
CITY-ST-ZIP WESTON FL 33326 ☐ Delete

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

TITLE VSTD
NAME ECKER, HAROLD
STREET ADDRESS 379 LAKEVIEW DRIVE, APT 205
CITY-ST-ZIP WESTON FL 33326 ☒ Delete

TITLE VSTD
NAME Ecker Harold
STREET ADDRESS 445 Lakeview Dr. Apt 6
CITY-ST-ZIP Weston FL 33326 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Toby Gerber TOBYE GERBER

2/14/08 954-384-0689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #