

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90090 024 ***150.00

DOCUMENT # P03000079746

1. Entity Name
INVESTOR LENDING SERVICES, INC.



Principal Place of Business
1616 GULF TO BAY BLVD, STE B
CLEARWATER, FL 33755

Mailing Address
1616 GULF TO BAY BLVD, STE B
CLEARWATER, FL 33755

20022827



DO NOT WRITE IN THIS SPACE

01032005 No Chg-P CR2E034 (10/03)

4. FEI Number
47-0924646

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUCZYNSKI, JOHN
1616 GULF TO BAY BLVD
STE B
CLEARWATER, FL 33755

**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]
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BUCZYNSKI, JOHN P
1616 GULF TO BAY BLVD, STE B
CLEARWATER, FL 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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] PRESIDENT JOHN BUCZYNSKI

3-15-05 727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #