

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90130 024 ***150.00

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01172006 Chg-P CR2E034 (11/05)

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**

2. Principal Place of Business
847 Tampa Rd
Suite, Apt. #, etc.

3. Mailing Address
847 Tampa Rd
Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State
Palm Harbor, FL

Zip
34683 Country
Pinnellas

Zip
34683 Country
Pinnellas

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

7. Name and Address of New Registered Agent

Name
John Buczynski

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

City
Palm Harbor FL Zip Code
34683

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, 2006 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	PSTD BUZYNSKI, JOHN P 1616 GULF TO BAY BLVD, STE B CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____