FILED
Apr 14, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000091948

1. Entity Name
INTEGRITY HOME LOANS, INC.

Principal Place of Business	Mailing Address
4301 WICKHAM RD SUITE 8 MELBOURNE, FL 32935	4301 WICKHAM RD SUITE 8 MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

04102003 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3771081
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, SUSAN
4301 WICKHAM RD SUITE 8
MELBOURNE, FL 32935

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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: U00000303861 04/11/05-80122-024 150.00
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	D
NAME	MCCLUSKY, BETTY
STREET ADDRESS	560 INVERNESS AVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	PIERCE, SUSAN
STREET ADDRESS	3405 PINENDA CROSSING DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 an an attachment with an address, with all other like empowered.

SIGNATURE: Susan E Pierce Susan E. Pierce 4/11/05 321-242-0263
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR