

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-14-2006 90133 008 ***150.00

DOCUMENT # P03000114599

1. Entity Name
PREFERRED MORTGAGE LENDING, INC.



Principal Place of Business
2400 WINDING CREEK BLVD.
BLDG. 20 B # 101
CLEARWATER, FL 33761

Mailing Address
2400 WINDING CREEK BLVD.
BLDG. 20 B # 101
CLEARWATER, FL 33761

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc

Suite Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

04062006

Chg-P

CR2E034 (11/05)

4. FEI Number
32-0095746

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

YOUNGLOVE, SUZEN
2400 WINDING CREEK BLVD.
BLDG. 20 B # 101
CLEARWATER, FL 33761

Name

Street Address (P.O. Box Numbers 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 of Registered Agent or Officer or Director

Signature of Registered Agent or Officer or Director

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
P
YOUNGLOVE, SUZEN
2400 WINDING CREEK BLVD. BLDG 20B # 101
CLEARWATER, FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ 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 another like empowered.

SIGNATURE:

Suzen Younglove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06

727-204-3635