

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90310 016 ***150.00

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1. Entity Name
MCB COMMERCIAL LENDING CORP.



40071211

Principal Place of Business
1770 SAN MARCO RD
MARCO ISLAND, FL 34145

Mailing Address
1770 SAN MARCO RD
MARCO ISLAND, FL 34145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-P CR2E034 (11/05)

4. FEI Number
75-3172095

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

GREUSEL, JAMIE B
1104 N COLLIER BLVD
MARCO ISLAND, FL 34145

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 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 D ☐ Delete
NAME COFER, JOHN V
STREET ADDRESS 242 GRAPEWOOD CT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE C/CEO ☒ Change ☐ Addition
NAME COFER, JOHN V
STREET ADDRESS 242 GRAPEWOOD CT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☐ Delete
NAME MCLAUGHLIN, STEPHEN A
STREET ADDRESS 278 MAIN ST
CITY-ST-ZIP OLD TOWN, ME 04468

TITLE D ☐ Change ☒ Addition
NAME Hanson, Melanie A.
STREET ADDRESS 911 Whiskey Creek Dr
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☒ Delete
NAME SKONE, E. TERRY
STREET ADDRESS 245 WATERSIDE CIR #202
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☐ Change ☒ Addition
NAME McGowan, John A.
STREET ADDRESS 929 Collier Ct, B-403
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☐ Delete
NAME FEDOR, BRUCE
STREET ADDRESS 28171 WINTHROP CIR
CITY-ST-ZIP BONITA SPRINGS, FL 341343317

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

TITLE D ☐ Delete
NAME GREUSEL, JAMIE B
STREET ADDRESS 1104 N COLLIER BLVD
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☒ Change ☐ Addition
NAME Greusel, Jamie B
STREET ADDRESS 1104 N Collier Blvd
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: THOMAS M. WHELAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/12/06 Daytime Phone # (239) 389-5200