

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

01-31-2006 90012 034 ***150.00

DOCUMENT # P05000085021 1. Entity Name INTEGRITY LENDING GROUP OF NAPLES, INC					
Principal Place of Business 5270 GOLDEN GATE PARKWAY 122 NAPLES, FL 34116			Mailing Address 5270 GOLDEN GATE PARKWAY 122 NAPLES, FL 34116		
2. Principal Place of Business 6356 N.W. 36th ST		3. Mailing Address Same.			
Suite, Apt. #, etc. 307		Suite, Apt. #, etc.			
City & State Virginia Garden, Florida		City & State			
Zip 33166		Country Dade		Zip	
Country		Country			
6. Name and Address of Current Registered Agent RODRIGUEZ, CRISTHIAN SR. 5270 GOLDEN GATE PARKWAY 122 NAPLES, FL 34116				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reestablishing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 RODRIGUEZ, CRISTHIAN SR. 5270 GOLDEN GATE PARKWAY #122 NAPLES, FL 34116	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, LETICIA MRS. 5270 GOLDEN GATE PARKWAY #122 NAPLES, FL 34116	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
01/23/06		786-265-8306			

66003655



01122006 Chg-P CR2E034 (11/05)

4. FEI Number **81-0677784** Applied For
Not Applicable

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