

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000066823

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TRIMENS LENDING SERVICES, INC.

**Current Principal Place of Business:**

7924 FOREST CITY RD  
210  
ORLANDO, FL 32810 US

**New Principal Place of Business:**

**Current Mailing Address:**

3445 DEER OAK CIRCLE  
OVIEDO, FL 32766 US

**New Mailing Address:**

**FEI Number:** 26-3006165      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANT, DAISYLYN  
3445 DEER OAK CIRCLE  
OVIEDO, FL 32766 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRANT, DAISYLYN  
Address: 3445 DER OAK CIRCLE  
City-St-Zip: OVIEDO, FL 32766

Title: S  
Name: GRANT, MAXINE  
Address: 200 W. 54TH STREET, APT. 10L  
City-St-Zip: NEW YORK, NY 10019 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAISYLYN GRANT

P

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date