

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90028 048 ***158.75

DOCUMENT # P93000037677

1. Entity Name
TOTAL LENDING CORPORATION



Principal Place of Business
801 NE 76 ST
MIAMI, FL 33138

Mailing Address
801 NE 76 ST
MIAMI, FL 33138

54001403



2. Principal Place of Business

3. Mailing Address

~~10800 Biscayne Blvd~~
Suite, Apt. #, etc.
#500

Suite, Apt. #, etc.

01262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33161

Country

Zip

Country

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

PICKERING, BILLY J
801 NE 76 ST
MIAMI, FL 33138

Name

Kelly, Christopher

Street Address (P.O. Box Number is Not Acceptable)

~~11098 Biscayne Blvd #205~~

City

Miami

FL

Zip Code

33161

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]

(NOTE: Registered Agent signature required when reinstating)

1/28/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
PSTD
PICKERING, BILLY J
801 NE 76 STREET
MIAMI, FL 33138 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
Linda C Kluck
801 NE 76 St
Miami, FL 33138 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KLUCK, GEORGETTE
801 NE 76 ST
MIAMI, FL 33138 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
Harold Tukey #722
12555 Biscayne Blvd
Miami, FL 33181 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 **305-757-8287**

Date

Daytime Phone #