

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90016 015 ***150.00

DOCUMENT # P96000076809

1. Entity Name

DIRECT MORTGAGE LENDER, INC.



Principal Place of Business

7847 LAKESIDE BLVD
1086
BOCA RATON FL 33434
US

Mailing Address

7847 LAKESIDE BLVD
1086
BOCA RATON FL 33434
US

2. Principal Place of Business

7847 LAKESIDE BLVD

Suite, Apt. #, etc.

1086

City & State

BOCA RATON FL.

Zip

33434 FL.

Country

US

3. Mailing Address

7847 LAKESIDE BLVD

Suite, Apt. #, etc.

1086

City & State

BOCA RATON FL.

Zip

33434

Country

US



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0697548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOURAITIS, NICOLAS
20110 BOCA W. DR.
APT 228
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name

STOURAITIS, NICOLAS

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

7847 LAKESIDE BLVD #1086

City

BOCA RATON FL.

FL

Zip Code

33434

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: STOURAITIS, NICOLAS
STREET ADDRESS: 7847 LAKESIDE BLVD 1086
CITY-ST-ZIP: BOCA RATON FL 33434

☐ Delete

TITLE: VP
NAME: STOURAITIS, RENEE
STREET ADDRESS: 20110 BOCA WEST DR. APT 228
CITY-ST-ZIP: BOCA RATON FL 33434

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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TITLE: _____
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STREET ADDRESS: _____
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☐ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: VP
NAME: STOURAITIS, RENEE
STREET ADDRESS: 9153 PROMANADE DR. #201
CITY-ST-ZIP: BOCA RATON FL. 33433

☒ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

☐ Change ☐ Addition

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:

Nickolas Stouraitis PRES. NICOLAS STOURAITIS 01/20/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5612122012

Daytime Phone #