

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90067 035 ***158.75

DOCUMENT # P99000003972

1. Entity Name

AMERICAN LENDING SERVICES, INC.



Principal Place of Business

Mailing Address

1661 SE HAVERGARD ST
PORT SAINT LUCIE FL 34983

1661 SE HAVERGARD ST
PORT SAINT LUCIE FL 34983

2. Principal Place of Business

1799 SE Blackton Ave

Suite, Apt. #, etc.

3. Mailing Address

1799 SE Blackton Ave

Suite, Apt. #, etc.

City & State

Port St Lucie, FL

Zip

34952

Country

St Lucie

City & State

Port St Lucie, Florida

Zip

34952

Country

St Lucie

4. FEI Number

65-0884871

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILIPP, TATYANA
536 SW ASTER ROAD
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

Mark E Philipp

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

1799 SE Blackton Ave

City

Port St Lucie

FL

Zip Code

34952

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

Mark E Philipp

mark E Philipp

4-7-04

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, 2004 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 D ☐ Delete

NAME PHILIPP, TATYANA
STREET ADDRESS 536 SW ASTER ROAD
CITY-ST-ZIP PORT ST. LUCIE FL 34953

TITLE D ☐ Delete

NAME PHILIPP, MARK E
STREET ADDRESS 536 SW ASTER ROAD
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

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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 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:

Mark E Philipp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #