

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90135 044 \*\*\*150.00

**DOCUMENT # P99000043671**

1. Entity Name  
**HOME EQUITY LENDING, INC.**



Principal Place of Business  
**2200 N FEDERAL HWY  
STE 203  
BOCA RATON, FL 33431**

Mailing Address  
**2200 N FEDERAL HWY  
STE 203  
BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0919390**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, JOHN P  
2499 GLADES RD  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GEISEN, BRADFORD R  
STREET ADDRESS 2200 N FEDERAL HWY STE 203  
CITY-ST-ZIP BOCA RATON, FL 33431

*REMOVED*

TITLE VPD  
NAME MUTTILLO, DOMINIC A  
STREET ADDRESS 2200 N FEDERAL HWY STE 203  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VPD  
NAME SULLIVAN, GREGORY M  
STREET ADDRESS 2200 N FEDERAL HWY STE 203  
CITY-ST-ZIP BOCA RATON, FL 33431

*PRESIDENT*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Domínico Muttello VP 4/5/05 561-378-1890*