

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S20258

1. Entity Name
LOAN SERVICES, INC.



Principal Place of Business
**5517 SW 69 TERR
GAINESVILLE, FL 32608 US**

Mailing Address
**5517 SW 69 TERR
GAINESVILLE, FL 32608 US**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3042330** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, DAVID M
5517 SW 69 TERR
GAINESVILLE, FL 32608**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BRICE, CARLA
STREET ADDRESS	5517 SW 69 TERR
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	HICKS, THOMAS P JR
STREET ADDRESS	5517 SW 69 TERR
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	PD
NAME	MILLER, DAVID M
STREET ADDRESS	5517 SW 69 TERR
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	COX, ALISON L
STREET ADDRESS	5517 SW 69 TERR
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	ERENCE, STEPHANIE A
STREET ADDRESS	5517 SW 69 TERR
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/06-80005-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *David M. Miller* **David M. Miller President**

1/26/06 352-372-7736
Date Daytime Phone #