


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-12-2005 90017 012 \*\*\*150.00

<b>DOCUMENT # P02000009141</b> 1. Entity Name <b>COMPASS MORTGAGE SERVICES, INC.</b>																															
Principal Place of Business 7015 BEROCOSA WAY # 102 BOCA RATON, FL 33433		Mailing Address 7015 BEROCOSA WAY # 102 BOCA RATON, FL 33433																													
2. Principal Place of Business <i>7015 Berocosa Way</i> Suite, Apt. #, etc. <i>#102</i> City & State <i>Boca Raton, FL</i> Zip <i>33433</i>		3. Mailing Address <i>7015 Berocosa Way</i> Suite, Apt. #, etc. <i>#102</i> City & State <i>Boca Raton, FL</i> Zip <i>33433</i>																													
4. FEI Number <b>01-0630806</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>DRESSER, EMERSON</b> <b>20777 SONETO DR.</b> <b>BOCA RATON, FL 33433</b>		7. Name and Address of New Registered Agent  Name <i>Lauren Jasky</i> Street Address (P.O. Box Number is Not Acceptable) <i>7015 Berocosa Way #102</i> City <i>Boca Raton</i> FL Zip Code <i>33433</i>																													
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 <i>Lauren Jasky Sr. VP</i> <i>Lauren Jasky</i> 1/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> <b>D</b>  <b>DRESSER, EMERSON</b>  <b>20777 SONETO DR.</b>  <b>BOCA RATON, FL 33433</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DRESSER, EMERSON</b> <b>20777 SONETO DR.</b> <b>BOCA RATON, FL 33433</b>		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width:70%;"> <i>President</i>  <b>TRACY PORESS</b>  <b>2375 NW 43RD ST</b>  <b>BOCA RATON, FL 33431</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> <b>TRACY PORESS</b> <b>2375 NW 43RD ST</b> <b>BOCA RATON, FL 33431</b>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.  <b>SIGNATURE:</b> <i>Lauren Jasky Sr. VP</i> <i>Lauren Jasky</i> 1/10/05 (520) 338-7575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>																															