2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005943

Entity Name: H.D. VEST MORTGAGE SERVICES, INC.

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
63333 N. STATE HIGHWAY 161, SUITE 400 IRVING, TX 75038				6333 N. STATE HIGHWAY 161, SUITE 400 IRVING, TX 75038				
Current Mailing Address:				New Mailing Address:				
63333 N. STATE HIGHWAY 161, SUITE 400 IRVING, TX 75038				6333 N. STATE HIGHWAY 161, SUITE 400 IRVING, TX 75038				
FEI Number:	75-2345721	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate	of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Regis	tered Agent:	
1201 HAYS TALLAHAS	SEE, FL 3230		urpose o	of changing it	s registered	l office or reg	istered agent, or both	h,
SIGNATUR	!E:							
Electronic Signature of Registered Agent				Date				
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	OCHS, ROGER	HWY 161., STE. 400		Title: Name: Address: City-St-Zip:		()Change()	Addition	
Title: Name: Address: City-St-Zip:	HORTON, JAME	& CO., 6TH & MARQUETTE		Title: Name: Address: City-St-Zip:		()Change()	Addition	
Title: Name: Address: City-St-Zip:	SCHNEIDER, TH	& CO., 6TH & MARQUETTE		Title: Name: Address: City-St-Zip:		()Change()	Addition	
Title: Name: Address: City-St-Zip:	NORWOOD, R. I	HWY 161, STE. 400		Title: Name: Address: City-St-Zip:	O'NEILL, DAY	TE HWY 161, S		
Title: Name: Address: City-St-Zip:	KLEIN, JEFF	Delete HWY 161, STE. 400 38		Title: Name: Address: City-St-Zip:		()Change()	Addition	
Title: Name: Address: City-St-Zip:	BENNETT, JOEL	HWY 161, STE. 400		Title: Name: Address: City-St-Zip:	BENNETT, JO	TE HWY 161, S		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL BENNETT AST 04/26/2004

NEAL E. HEIFETZ, ASST SECY 6333 N STATE HWY 161 STE 400 IRVING, TX 75038