

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005943

FILED  
Apr 11, 2005  
Secretary of State

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

**Current Principal Place of Business:**

6333 N. STATE HIGHWAY 161, SUITE 400  
IRVING, TX 75038

**New Principal Place of Business:**

**Current Mailing Address:**

6333 N. STATE HIGHWAY 161, SUITE 400  
IRVING, TX 75038

**New Mailing Address:**

FEI Number: 75-2345721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OCHS, ROGER C  
Address: 6333 N. STATE HWY 161., STE. 400  
City-St-Zip: IRVING, TX 75038

Title: V ( ) Delete  
Name: HORTON, JAMES A  
Address: WELLS FARGO & CO., 6TH & MARQUETTE  
City-St-Zip: MINNEAPOLIS, MN 55479

Title: V ( ) Delete  
Name: SCHNEIDER, THOMAS J  
Address: WELLS FARGO & CO., 6TH & MARQUETTE  
City-St-Zip: MINNEAPOLIS, MN 55479

Title: SD ( ) Delete  
Name: O'NEILL, DAVID R  
Address: 6333 N. STATE HWY 161, STE. 400  
City-St-Zip: IRVING, TX 75038

Title: ASD ( ) Delete  
Name: KLEIN, JEFF  
Address: 6333 N. STATE HWY 161, STE. 400  
City-St-Zip: IRVING, TX 75038

Title: AST ( ) Delete  
Name: BENNETT, JOEL  
Address: 6333 N. STATE HWY 161, STE. 400  
City-St-Zip: IRVING, TX 75038

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID R. ONEILL

SD

04/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date