


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000846		
1. Entity Name COMPASS LENDING CORPORATION		
Principal Place of Business 18 BALBOA COVES NEWPORT BEACH, CA 92663	Mailing Address P.O. BOX 1552 NEWPORT BEACH, CA 92659	



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-1606089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent INCP SERVICES, INC. 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	CPT BALJEU, MARCO A 18 BALBOA COVES NEWPORT BEACH, CA 92663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS FOLIOTT-BALJEU, GALE E 18 BALBOA COVES NEWPORT BEACH, CA 92663
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BALJEU, BURT 17 BALBOA COVES NEWPORT BEACH, CA 92663
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03/31/05-80043-021 150.00

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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)(f), 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: _____ 3/30/2005 949-275-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #