

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H54286

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: CONTEMPORARY MORTGAGE SERVICES, INC.

**Current Principal Place of Business:**

498 PALM SPRINGS DRIVE  
#220  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

498 PALM SPRINGS DRIVE  
#220  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 59-2528169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ICANDI, JEFFREY A  
2180 W. STATE ROAD 434  
#6190  
LONGWOOD, FL 32779 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: PRES ( ) Delete  
Name: HOWLAND, HOWARD H., III  
Address: 1650 CARLTON STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: GRUBER, RENETTA  
Address: 481 BENTLEY STREET  
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Delete  
Name: BOWERS, KELLY  
Address: 818 LAKE MARION DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HOWARD HOWLAND

PRES

01/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date