2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P04000039567

Entity Name: TRUST MORTGAGE SERVICES, INC.

Current Principal Place of Business:

450-106 STATE ROAD 13N
SUITE 271
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

149 SW 15TH DRIVE
BOCA RATON, FL 33432 US

Current Mailing Address:

149 SW 15TH DRIVE
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 55-0867202 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAGDEMAN, CARY M
149 SW 15TH DRIVE
BOCA RATON, FL 33432 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: P ( ) Delete
Name: NAGDEMAN, CARY M
Address: 149 SW 15TH DRIVE
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP , (X) Delete
Name: O'NAN, JAMES M
Address: 450-106 STATE ROAD 13 N, SUITE 271
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: S ( ) Delete
Name: O'NAN, JAMES M
Address: 450-106 STATE ROAD 13 N, SUITE 271
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: NAGDEMAN, CARY M
Address: 149 SW 15TH DRIVE
City-St-Zip: BOCA RATON, FL 33432 US

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: CARY M. NAGDEMAN P 04/25/2005

Electronic Signature of Signing Officer or Director Date