

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106892

FILED
Apr 27, 2005
Secretary of State

Entity Name: TRANSACTION MORTGAGE SERVICES, INC.

Current Principal Place of Business:

32815 U.S. HWY. 19 NORTH
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

32815 U.S. HWY. 19 NORTH
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 34-2004978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORENSEN, CHERYL L
32815 U.S. HWY. 19 NORTH
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

SORENSEN, HENRY T II
32815 U.S. HWY. 19 NORTH
PALM HARBOR, FL 34684 US

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: HENRY T SORENSEN II

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEHLAU, CHERYL
Address: 32815 U.S. HWY. 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: BENNATI, LIANE
Address: 111 SOUTH ARMENIA AVE.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: WEHLAU, JOHN
Address: 32815 U.S. HWY. 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: BENNATI, AL
Address: 111 SOUTH ARMENIA AVE.
City-St-Zip: TAMPA, FL 33602

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:

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: EDMUND J OMAN

CFO

04/27/2005

Electronic Signature of Signing Officer or Director

Date