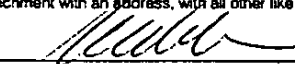


FILED
Mar 17, 2005 8:00 am
Secretary of State

02-23-2005 90059 004 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000080756 1. Entity Name ABSOLUTE MORTGAGE SERVICE, INC.		
Principal Place of Business 9741 S ORANGE BLOSS TR #9 ORLANDO, FL 32837	Mailing Address 9741 S ORANGE BLOSS TR #9 ORLANDO, FL 32837	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent COLE, MARIA R 9741 S. ORANGE BLOSSOM TRAIL SUITE 9 ORLANDO, FL 32837		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
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	P COLE, MARIA R 9741 S. ORANGE BLOSSOM TR#9 ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLE, JAMES V 9741 S. ORANGE BLOSSOM TR#9 ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

66005959



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3533469

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

3/12/05 40-888-2872
Date Daytime Phone #