2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F71030

1. Entity Name
AUTOMOTIVE FINANCIAL SERVICES, INC.

FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
% W.E. CURRIE, III 5815 N DALE MABRY HWY TAMPA, FL 33614	% W.E. CURRIE, III 5815 N DALE MABRY HWY TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2186965

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CURRIE, W.E., III
5815 N DALE MABRY HWY
TAMPA, FL 33614

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CURRIE, W E III
STREET ADDRESS	5815 N DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	ST
NAME	SHEA, JOHN
STREET ADDRESS	5815 N DALE MABRY HWY
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	D
NAME	THATCHER, LAWTON W.
STREET ADDRESS	5815 N. DALE MABRY HWY.
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80090-005 150.00

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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)(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: [signature] JOHN SHEA S/T 4/26/04 813 872-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #