


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 JUL -9 AM 10:38

<b>DOCUMENT # P96000032541</b> 1. Entity Name <b>EMBASSY FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>666 GRAND AVENUE, #2900 DES MOINES, IA 50309 US</b>			Mailing Address <b>POST OFFICE BOX 657 DES MOINES, IA 50303-0657</b>		
2. Principal Place of Business <b>1390 S. Dixie Highway</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. <b>Suite 1310</b>		Suite, Apt. #, etc.			
City & State <b>Coral Gables, FL</b>		City & State		4. FEI Number <b>65-0669509</b>	
Zip <b>33146</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>no change</b>		
Street Address (P.O. Box Number is Not Acceptable)			City <b>400039336334 07/20/04 - 01027 014 *\$30.00 FL</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES <b>PELTIER, RONALD</b> <b>6800 FRANCE AVE. S</b> <b>EDINA, MN 55435</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <b>Scott Neitzel</b> <b>1390 S. Dixie Highway, Suite 1310</b> <b>Coral Gables, FL 33146</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JOHNSON, GALEN</b> <b>6800 FRANCE AVE. S</b> <b>EDINA, MN 55435</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary and Treasurer <b>Ronald A. Shuffield</b> <b>1360 S. Dixie Highway, Suite 1310</b> <b>Coral Gables, FL 33146</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <b>LEIGHTON, PAUL</b> <b>666 GRAND AVE.</b> <b>DES MOINES, IA 50309</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>PELTIER, RONALD</b> <b>6800 FRANCE AVE. S</b> <b>EDINA, MN 55435</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR <b>JOHNSON, GALEN</b> <b>6800 FRANCE AVE. S</b> <b>EDINA, MN 55435</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>Galen K. Johnson</i></u>		Date: <u>6-30-04</u>		Daytime Phone #: <u>952-928-5575</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<b>Galen K. Johnson, Director</b>					

GSS

# HomeServices of America, INC.™

A Berkshire Hathaway Affiliate

June 30, 2004

Florida Department of State  
Corporations Division  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Change of Officers

To Whom It May Concern:

Enclosed you will find the following documents:

- 1.) 2004 For Profit Corporation Amended Annual Report (Embassy Financial Services, Inc.)
- 2.) 2004 For Profit Corporation Amended Annual Report (Columbia Title of Florida, Inc.)
- 3.) Two checks in the amount of \$70.00 each (Filing fee and Certificate of Status Request fee)
- 4.) W-9 Form and Return Envelope

I am requesting that you make the specified changes in officers for both corporations as indicated on the 2004 For Profit Corporation Amended Annual Report forms, and send me a Certificate of Status to confirm the changes.

Please complete the enclosed W-9, and return it in the envelope that is provided.

If you have any questions, please call me.

Thank you for your time.

Sincerely,



Jill A. Bispala  
Paralegal  
Direct (952) 928-5075  
Fax (952) 928-5725  
[jillbispala@homeservices.com](mailto:jillbispala@homeservices.com)

Enclosures