

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002016

FILED
Aug 24, 2004
Secretary of State

Entity Name: AMERICAN PORTFOLIOS FINANCIAL SERVICES, INC.

Current Principal Place of Business:

4250 VETERANS MEMORIAL HWY
SUITE 420 EAST
HOLBROOK, NY 11741

New Principal Place of Business:

Current Mailing Address:

4250 VETERANS MEMORIAL HWY
SUITE 420 EAST
HOLBROOK, NY 11741

New Mailing Address:

FEI Number: 11-3018002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIFFORD, WILLIAM
603 JEFFERSON AVENUE
SARASOTA, FL 34237 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOLBAR, LON T
Address: 4250 VETERANS MEMORIAL HWY, STE 420
City-St-Zip: HOLBROOK, NY 11741

Title: VP () Delete
Name: BARTOLOTTA, ROBERT
Address: 1040 UNIVERSITY AVENUE
City-St-Zip: ROCHESTER, NY 14607

Title: D () Delete
Name: CLARK, RUSSELL
Address: 1220 ROUTE 46, STE 222
City-St-Zip: PARSIPPANY, NJ 07054

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOLBER, LON T
Address: 4250 VETERANS MEMORIAL HWY, STE 420E
City-St-Zip: HOLBROOK, NY 11741

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

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

Title: SVP () Change (X) Addition
Name: SAMET, STUART
Address: 4250 VETERANS MEMORIAL HWY, STE 420E
City-St-Zip: HOLBROOK, NY 11741

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: LON T. DOLBER

P

08/24/2004

Electronic Signature of Signing Officer or Director

_____ Date