


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90024 050 \*\*\*550.00

<b>DOCUMENT # F02000002191</b> 1. Entity Name <b>AFS/IBEX FINANCIAL SERVICES, INC.</b>			
Principal Place of Business <b>750 N. ST. PAUL STREET, SUITE 1100 DALLAS, TX 75201</b>		Mailing Address <b>750 N. ST. PAUL STREET, SUITE 1100 DALLAS, TX 75201</b>	
2. Principal Place of Business <b>750 N. ST. PAUL STREET</b> Suite, Apt. #, etc. <b>Suite 1500</b> City & State <b>DALLAS, TX</b> Zip <b>75201</b>		3. Mailing Address <b>750 N. ST PAUL STREET</b> Suite, Apt. #, etc. <b>Suite 1500</b> City & State <b>DALLAS, TX</b> Zip <b>75201</b>	
4. FEI Number <b>75-2158441</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> 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 Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>C</b> <b>RAY, CECIL Y JR.</b> <b>% RIGG GROUP, 777 MAIN ST. C-50</b> <b>FT. WORTH, TX 76102</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SCHEIDEMAN, R.J.</b> <b>% RIGG GROUP 777 MAIN STE C-50</b> <b>FT. WORTH, TX 76102</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOLSAN, JOHN F</b> <b>750 N. ST PAUL STREET STE 1500</b> <b>DALLAS, TX 75206</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FUGITT, CHARLES M</b> <b>FUGITT &amp; ASSOCIATES - 11 LAKESIDE PARK</b> <b>DALLAS, TX 75225</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <b>ROGERS, DONALD E</b> <b>750 N. ST. PAUL ST, STE 1500</b> <b>DALLAS, TX 75201</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>FRITH, JERRY L</b> <b>750 N. ST. PAUL ST, STE 1500</b> <b>DALLAS, TX 75201</b>	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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>5-11-05</b> Daytime Phone # <b>817-820-8272</b>	