

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004257

FILED  
Jan 18, 2006  
Secretary of State

Entity Name: AMERICAN FINANCIAL CREDIT SERVICES, INCORPORATED

**Current Principal Place of Business:**

9247 N. MERIDIAN STREET, SUITE 206  
INDIANAPOLIS, IN 46260

**New Principal Place of Business:**

**Current Mailing Address:**

9247 N. MERIDIAN STREET, SUITE 206  
INDIANAPOLIS, IN 46260

**New Mailing Address:**

FEI Number: 35-1917876      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTLER, MELINDA J  
1770 BEN FRANKLIN DRIVE #602  
SARASOTA, FL 34230 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, KRIS  
Address: 14627 BEACON BLVD.  
City-St-Zip: CARMEL, IN 46032

Title: T ( ) Delete  
Name: WILLIAMS, NOEL  
Address: 14627 BEACON BLVD  
City-St-Zip: CARMEL, IN 46032

Title: S ( ) Delete  
Name: ANDREWS, STEPHEN K  
Address: 411 WESTCHESTER BLVD  
City-St-Zip: NOBLESVILLE, IN 46062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: KRIS WILLIAMS

P

01/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date