


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90038 017 ***150.00

DOCUMENT # F95000002030 1. Entity Name AMANA FINANCIAL SERVICES, INC.					
Principal Place of Business 403 W 4TH ST N NEWTON, IA 50208			Mailing Address 70 MAYTAG CORP 403 W 4TH ST N NEWTON, IA 50208		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 36-4013919	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	D HAKE, RALPH 403 W 4TH ST N NEWTON, IA 50208 <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	S MARTIN, PATRICIA 403 W 4 ST N NEWTON, IA 50208 <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	T KLYN, STEVE 403 W 4 ST N NEWTON, IA 50208 <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	AS SCHOLTEN, ROGER 403 W 4 ST N NEWTON, IA 50208 <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	D WOOD, STEVEN 403 W 4 ST N NEWTON, IA 50208 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moore, George 403 W 4th St N Newton IA 50208 <input type="checkbox"/> Change <input checked="" 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>Steve Klyn</u> Steve Klyn <u>4/12/04</u> <u>641-787-8943</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54034754



04122004 Chg-P CR2E034 (10/03)

attachment

54034754

~~#F9500000030~~

LIST OF OFFICERS
AMANA FINANCIAL SERVICES, INC

OFFICERS

BUSINESS ADDRESS

Ralph Hake
Chairman

403 West 4th Street North
Newton, IA 50208

Steve Klyn
Treasurer

403 West 4th Street North
Newton, IA 50208

Patricia J. Martin
Secretary

403 West 4th Street North
Newton, IA 50208

Roger Scholten
Assistant Secretary

403 West 4th Street North
Newton, IA 50208

Attachment

54034757

#T9500002030

LIST OF DIRECTORS
AMANA FINANCIAL SERVICES, INC

DIRECTORS

BUSINESS ADDRESS

RALPH F. HAKE

403 WEST 4TH STREET NORTH
NEWTON, IA 50208

ROGER SCHOLTEN

403 WEST 4TH STREET NORTH
NEWTON, IA 50208

GEORGE MOORE

403 WEST 4TH STREET NORTH
NEWTON, IA 50208
