

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003389

FILED
Apr 28, 2004
Secretary of State

Entity Name: AFFILIATED FINANCIAL SERVICES, INC.

Current Principal Place of Business:

475 MONTGOMERY PL
STE 100
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 161058
ALTAMONTE SPRINGS, FL 327161058 US

New Mailing Address:

PO BOX 161178
ALTAMONTE SPRINGS, FL 327161178 US

FEI Number: 59-3149702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEACH, JOHN K.
475 MONTGOMERY PL STE 100-B
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

LEACH, JOHN K.
475 MONTGOMERY PL STE 100
ALTAMONTE SPRINGS, FL 32714 US

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:

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LEACH, JOHN K
Address: 475 MONTGOMERY PL STE 100-B
City-St-Zip: ALTAMONTE SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: LEACH, JOHN K
Address: 475 MONTGOMERY PL STE 100
City-St-Zip: ALTAMONTE SPRINGS, FL

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: JOHN K. LEACH

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date