

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2004 90018 043 ***150.00

44018033



DOCUMENT # P95000038759 1. Entity Name AMERICAN INDEPENDENT FINANCIAL SERVICES, INC.					
Principal Place of Business 10633 US 19 PORT RICHEY, FL 34668			Mailing Address P.O. BOX 700 PORT RICHEY, FL 34673-0700		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAZDAR, BIJAN 10633 US 19 PORT RICHEY, FL 34668				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 ☐ \$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	O RAZDAR, BIJAN 8623 REGENCY PARK BLVD PORT RICHEY, FL 34668 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAZDAR BIJAN 10633 US HWY 19 PORT RICHEY-FL-34668 ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SHARON RAZDAR 8623 REG ENCIL PARK BLVD PORT RICHEY, FL ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAZDAR SHARON 10633 US HWY 19 PORT RICHEY-FL-34668 ☒ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 3-10-04 Time: 727-8612222 Daytime Phone #		