

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

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
---	---



DO NOT WRITE IN THIS SPACE

04082005 No Chg-P CR2E034 (10/03)

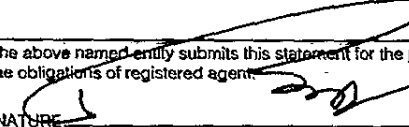
4. FEI Number 59-3124397	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAZDAR, BIJAN
10633 US 19
PORT RICHEY, FL 34668**

**DO NOT WRITE
IN THIS SPACE**

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  DATE **4-10-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

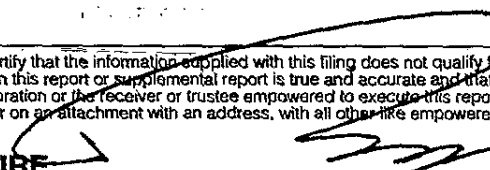
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	O RAZDAR, BIJAN 10633 US HWY 19 PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SHARON RAZDAR 10633 US HWY 19 PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000307876
04/15/05-80073-007 150.00

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 life empowered.

SIGNATURE  DATE **4-10-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR