

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222 3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______ Filing Period: January 1 - March 1 • Filing Fee: \$50.00

401.222.3040

(FORM MUST BE TYPED OR PRINTED IN BLACK)					
1. Corporate ID No. 124702	2. Name of Corporation American Finan	cial & Automotive Serv	ices, Inc.		
3. Street Address Principal Business C	Pava, Stet	400	League City	State	Zip 77573
4. Business Phone No. 281-334-36		5. State of Incorporation TEXAS			6. SIC Code
7. Brief Description of the Character (INSURANCE MARKET!N	f Business Conducted in I \G	Rhode Island		· · · · · · · · · · · · · · · · · · ·	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					TTACHMENTS
President Name Arden Ketlo	nd		Vice President Name	land	
3525 S. Shur	e Blvd, #4	00	Street Address 2525 S. S. hov	e Blud It U	0 (i)
League City	State † V	77573	Ceaque City	State 7 X	77573
Secretary Name	Hand		Treasurér-Name	etland	
street Address 1575 S. Showe	Blud #4	(00	Street Address 2525 S-Shi	reBlyd 184	OC.
Cague (ity 9. NAMES AND ADDRESSES	State T OF THE DIRECTORS	Zip 77573 S: ("X" BOX FOR ATT	League City	State X	77.573
Director Name Arden Hetla	nd	(X BOX FOR All	Director Name	PACES BEFORE USING	ATTACHMENTS
Street Address 2525 S. Shive	& Blid #1	100	Street Address 2575 S Shuv	e Blid #4	CD
Ceaque City	State TX	^{zip} 77573	League City	State X	Zip 77573
Director Name			Directòr Same	***************************************	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SAUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	 <i>NT</i>)
Number of Shares C	Aass Series	Par Value	Number of Shares	Class/Series	Par Value
100,000 COMM \$0.01 PAR VA	LUE		100,000	Common	\$0.01
This report must be sig	ned in ink by either	the President, Vice Pre	esident, Secretary, Assistant S	ecretary, Treasurer, Rec	eiver or Trustee
					•
		2 1 3 1	Under panelty of	of dealers and compared to	

Under penalty of perjury I declare and affirm that I have examined this report, including any ecompanying schedules and statements, and that all statements contained hotein artific photocorrect.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence. RI 02903-1335 401.222,3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
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Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 124702 American Financial & Automotive Services, Inc. 3. Street Address Principal Business Office State 77573 5. State of Incorporation 7. Brief Description of the Character of Business Conducted in Rhode Island **INSURANCÉ MARKETING** 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Director Name Street Address Street Address Zŧp City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value 100,000 COMM \$0.01 PAR VALUE 100,000 10.07 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjus, Leeclare and affirm that I have examined this report, g schedules and statements, and that all statements File Date Check No. FOR SECRETARY OF STATE USE ONLY Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

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124702	American F	inancial & Automotive Ser	vices, Inc.		
3. Street Address Principal Bus			City	State	Zip
2525 S.S.h 1. Business Phone No.	me Blid, S	Swik 400 5. State of Incorporation	League Ci	ty TX	77573 6. SIC Code
261-334-363 7. Brief Description of the Cha		TEXAS In Rhode Island		•	5702
Insurance					
resident Name	RESSES OF THE OF	FICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPA Vice President Name	ACES BEFORE USING ATTA	CHMENTS
Arden Het	lan d		Donna H	etland	
2525 SSh	ore Blud , .	Ste #400	2525 S.	Shore Blud., s	te*400
League City League City ecretary Name		^{Zip} 77573	City League Co Treasurer Name	State	^{Zip} 77523
Donna Het	land		Donna F	teHand	
2525 S.Sh	pore Blvd, s	k#400		Share Blud., S	Ste#400
League City	State	77.573	League C	State	^{Zip} 77573
	RESSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS
Arden Het	dans		Director Name		
treet Address	10411		NOW Street Address		
2525 S.Shu	no Blid S	しませいり	Street Address		
ity	State_	Zip	City	State	Zip
League Cit	y TX	77573	,		2.4
	0,		Director Name		
Donna Her	Mand		nou		
reet Address	01 1	- 1 <i>- 44</i>	Street Address		
2525 J. Sh	me Blud.	, Sta 4400			
League City	State	77573	City	State	Zip
D. SHARES AUTHORF	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUI	E D ("X" BOX FOR ATTACHMEN	T)
JTHORIZED SHARES			ISSUED SHARES		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
00,000 COMM \$0.01 PA	AR VALUE		/00000	Comm	اله.٥

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

-	* 1 2 4 7 0 2 *	
File Date:	3 3 03	
Check No.:	18306	
3y:	Car	
OR SECRETARY OF STA	TE USE ONLY	

Under penalty of beitury, i	declare and affirm that I have examined
this report, including any	accompanying schedules and statements, an
that all statements contain	of nerein are true and correct.
(4,)H	2/26/03
Signature of Officer HRDEN	Het An
Print or Type Name of Officer	7070
PRESID.	ent
Title of Officer	
5	Form 630 12/02