

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004955

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: AMERIFIRST FUNDING GROUP, INC.

**Current Principal Place of Business:**

1712 H OSBORNE RD  
SAINT MARYS, GA 31558

**New Principal Place of Business:**

**Current Mailing Address:**

1712 H OSBORNE RD  
SAINT MARYS, GA 31558

**New Mailing Address:**

FEI Number: 16-1628026      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CDPV ( ) Delete  
Name: TOOKE, JOHN  
Address: 130 GROSS ROAD NORTH STE. 107  
City-St-Zip: KINGSLAND, GA 31548

Title: DVP ( ) Delete  
Name: KANN, THOMAS  
Address: 1712-H OSBARNE  
City-St-Zip: SAINT MARYS, GA 31558

Title: DS ( ) Delete  
Name: ELLIS, BRITTANY  
Address: 1712 H OSBORNE  
City-St-Zip: SAINT MARYS, GA 31558

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ARNETT, DAWN  
Address: 1712-H OSBORNE RD  
City-St-Zip: ST. MARYS, GA 31558

Title: VP (X) Change ( ) Addition  
Name: KANN, THOMAS  
Address: 1712-H OSBARNE  
City-St-Zip: SAINT MARYS, GA 31558

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: TOOKE, JOHN  
Address: 1712-H OSBORNE RD  
City-St-Zip: ST. MARYS, GA 31558

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: BRITTANY ELLIS

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01/05/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date