


2004 FOR PROFIT CORPORATION ANNUAL REPORT

#11

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004205

1. Entity Name
AMERIBANK, INC.



Principal Place of Business
**70 MCDOWELL STREET
 WELCH, WV**

Mailing Address
**8895 NORTH MILITARY TRAIL
 PALM BEACH GARDENS, FL 33410**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0245495 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DUNHAM, LOUIS J
 8895 NORTH MILITARY TRAIL
 PALM BEACH GARDENS, FL 33410**

**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 _____
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, 2004 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	PD DUNHAM, LOUIS J 8895 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOGSWELL, DAVID 8895 NORTH MILITARY TRAIL PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PARNELL, BETTY 70 MCDOWELL STREET WELCH, WV 24801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BALDINI, JACK 70 MCDOWELL STREET WELCH, WV 24801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC SUTTON, JIM 70 MCDOWELL STREET WELCH, WV 24801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSBORNE, PERCY 70 MCDOWELL STREET WELCH, WV 24801

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 01/12/04-80025-009 150.00

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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: _____
PRINT NAME AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR