

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03994

Entity Name: AAMAC CORPORATION

FILED
Mar 22, 2005
Secretary of State

Current Principal Place of Business:

% DAVID L MCKIBBEN
508 NW 8TH AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

% DAVID L MCKIBBEN
508 NW 8TH AVENUE
GAINESVILLE, FL 32601

FEI Number: 59-2050404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

% JEANETTE MCKIBBEN
508 NW 8TH AVENUE
GAINESVILLE, FL 32601

New Mailing Address:

% JEANETTE MCKIBBEN
508 NW 8TH AVENUE
GAINESVILLE, FL 32601

Name and Address of Current Registered Agent:

MCKIBBEN, JEANNETTE I
15931 NW CR 21
GAINESVILLE, FL 32609 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: DPST () Delete
Name: MCKIBBEN, JEANETTE I,
Address: 508 NW 8TH AVE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MCKIBBEN, JEANETTE I,
Address: 508 NW 8TH AVE
City-St-Zip: GAINESVILLE, FL 32601

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: JEANETTE I. MCKIBBEN

PRES

03/22/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date