


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000004923 1. Entity Name AMERICAN GFM CORPORATION	
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Principal Place of Business 1200 CAVALIER BLVD. CHESAPEAKE, VA 23323	Mailing Address 1200 CAVALIER BLVD. CHESAPEAKE, VA 23323
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DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 54-1059861	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P KRALOWETZ, ROBERT 1200 CAVALIER BLVD CHESAPEAKE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCABE, RONALD L 1200 CAVALIER BLVD CHESAPEAKE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACKINLAY, EDGAR H 1200 CAVALIER BLVD CHESAPEAKE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRALOWETZ, ROBERT 1200 CAVALIER BLVD CHESAPEAKE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HALL, JEFF R 1200 CAVALIER BLVD CHESAPEAKE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000044305
 02/11/04-80015-009 150.00

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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: Jeff R. Hall Jeff R. Hall 2/6/04 (757)487-2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #