
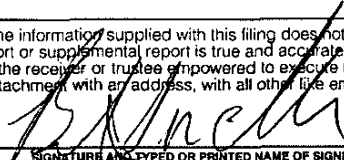


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90169 026 ***150.00

DOCUMENT # P02000117184			
1. Entity Name AMERIFIRST CAPITAL CORP.			
Principal Place of Business 814 A1A NORTH SUITE 300 PONTE VEDRA BEACH, FL 32082		Mailing Address 814 A1A NORTH SUITE 300 PONTE VEDRA BEACH, FL 32082 US	
2. Principal Place of Business 2015 A Osborne Rd		3. Mailing Address 2015 A Osborne Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Marys GA		City & State St. Marys GA	
Zip 31558		Country Camden	
4. FEI Number 41-2065933		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	TOOKE, JOHN <input checked="" type="checkbox"/> Delete	TITLE President/ Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 814 A1A NORTH, SUITE 300		STREET ADDRESS John Tooke 2015 A Osborne Rd	
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP St. Marys GA 31558	
TITLE S	ELLIS, BRITTANY M <input checked="" type="checkbox"/> Delete	TITLE Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 814 A1A NORTH STE 300		STREET ADDRESS Brittany Ellis 2015 A Osborne Rd	
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP St. Marys GA 31558	
TITLE MD	ARNETTE, DAWN <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1712-H OSBORNE RD		STREET ADDRESS	
CITY-ST-ZIP ST. MARYS, GA 31558		CITY-ST-ZIP	
TITLE MD	KANN, THOMAS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1712 H OSBORNE RD		STREET ADDRESS	
CITY-ST-ZIP ST. MARYS, GA 31558		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Brittany Ellis 4/20/05 912-882-8857	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

20048375



01282005 Chg-P CR2E034 (10/03)