

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025488

FILED
Jan 26, 2004
Secretary of State

Entity Name: AMERIFIRST CAPITAL GROUP, INC.

Current Principal Place of Business:

449 TWISTING PINE CIRCLE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

449 TWISTING PINE CIRCLE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 56-2320417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGREGOR, DAVID A
449 TWISTING PINE CIRCLE
LONGWOOD, FL 32779

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: PD () Delete
Name: MCGREGOR, DAVID A
Address: 449 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: CEO () Delete
Name: MCGREGOR, DAVID A
Address: 449 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: MCGREGOR, STEVEN H
Address: PO BOX 3965
City-St-Zip: USAF ACADEMY, CO 808413965

Title: VD () Delete
Name: HILTON, HARRY
Address: 2618 DANIELLE DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DAVID MCGREGOR

PD

01/26/2004

Electronic Signature of Signing Officer or Director

_____ Date