

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134342

FILED
Apr 20, 2004
Secretary of State

Entity Name: AMERICAN MUTUAL FINANCIAL ADVISORS, INC.

Current Principal Place of Business:

22 SHERWOOD DRIVE
SHALIMAR, FL 32579

New Principal Place of Business:

117 NORTH PALAFOX STREET
PENASCOLA, FL 32501

Current Mailing Address:

22 SHERWOOD DRIVE
SHALIMAR, FL 32579

New Mailing Address:

117 NORTH PALAFOX STREET
PENSACOLA, FL 32501

FEI Number: 27-0072056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREAZEALE, B. THOMAS II
22 SHERWOOD DRIVE
SHALIMAR, FL 32579

Name and Address of New Registered Agent:

BREAZEALE, B. THOMAS II
39 MAPLE AVE.
SHALIMAR, FL 32579

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:

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BREAZEALE, B. THOMAS II
Address: 22 SHERWOOD DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: HALEY, EDWARD P
Address: 900 NORTH SHORE DRIVE STE 260
City-St-Zip: LAKE BLUFF, IL 60044

Title: D () Delete
Name: HALEY, ANDREW M
Address: 900 NORTH SHORE DRIVE STE 260
City-St-Zip: LAKE BLUFF, IL 60044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BREAZEALE, B. THOMAS II
Address: 39 MAPLE AVE.
City-St-Zip: SHALIMAR, FL 32579

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: B. THOMAS BREAZEALE II

D

04/20/2004

Electronic Signature of Signing Officer or Director

Date