# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2005**
**Secretary of State**

DOCUMENT# P03000134342

**Entity Name:** AMERICAN MUTUAL FINANCIAL ADVISORS, INC.

**Current Principal Place of Business:**

117 NORTH PALAFOX STREET
PENASCOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

117 NORTH PALAFOX STREET
PENSACOLA, FL 32501

**New Mailing Address:**

**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
39 MAPLE AVE.
SHALIMAR, FL 32579 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: BREAZEALE, B. THOMAS II
Address: 39 MAPLE AVE.
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: ( ) 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: TOM BREAZEALE II D 05/03/2005

Electronic Signature of Signing Officer or Director Date