## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000061989

FILED Feb 13, 2009 Secretary of State

Entity Name: AMERICAN FINANCE COMPANY OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 298 US HWY 90 EAST DEFUNIAK SPRINGS, FL 32433 **Current Mailing Address: New Mailing Address:** 29 N EGLIN PARKWAY PO DRAWER 1327 FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32549 FEI Number: 59-3264062 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BEASLEY, J L BEASLEY, J L SR 29 N EGLÍN PARKWAY 29 N EGLIN PARKWAY US FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32548 US 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: J. LARRY BEASLEY, SR 02/13/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition TRINGAS, JOHN J Name: Name: 29 N EGLIN PARKWAY Address: Address: City-St-Zip: FT WALTON BEACH, FL 32548 City-St-Zip: Title: Title: () Delete () Change () Addition Name: TRINGAS, ALEX J Name: 29 N EGLIN PARKWAY Address: Address: FT WALTON BEACH, FL 32548 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition TRINGAS, LARK Name: Name: 29 N EGLIN PARKWAY Address: Address: City-St-Zip: FT WALTON BEACH, FL 32548 City-St-Zip: Title: PD () Delete Title: () Change () Addition BEASLEY, LARRY J SR Name: Name: Address: 29 N EGLIN PARKWAY Address: City-St-Zip: City-St-Zip: FT WALTON BEACH, FL 32548 Title: Title: (X) Change ( ) Addition () Delete HOLLAND, MARCUS Name: Name: HOLLAND, MARCUS Y 29 EGLIN PARKWAY Address: 29 EGLIN PARKWAY Address: City-St-Zip: FT WALTON BEACH, FL City-St-Zip: FT WALTON BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: J. LARRY BEASLEY, SR PD 02/13/2009