

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000061989

Entity Name: AMERICAN FINANCE COMPANY OF NORTHWEST FLORIDA, INC.**FILED**
Feb 07, 2013
Secretary of State
CC5568031290**Current Principal Place of Business:**298 US HWY 90 EAST
DEFUNIAK SPRINGS, FL 32433**Current Mailing Address:**PO DRAWER 1327
FT WALTON BEACH, FL 32549**FEI Number: 59-3264062****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BEASLEY, J LSR
29 N EGLIN PARKWAY
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	TRINGAS, JOHN J
Address	29 N EGLIN PARKWAY
City-State-Zip:	FT WALTON BEACH FL 32548

Title	D
Name	TRINGAS, ALEX J
Address	29 N EGLIN PARKWAY
City-State-Zip:	FT WALTON BEACH FL 32548

Title	D
Name	TRINGAS, LARK
Address	29 N EGLIN PARKWAY
City-State-Zip:	FT WALTON BEACH FL 32548

Title	VC
Name	BEASLEY, J L SR.
Address	29 N EGLIN PARKWAY
City-State-Zip:	FT WALTON BEACH FL 32548

Title	DIRECTOR
Name	LOTT, TRACY H
Address	PO DRAWER 1327
City-State-Zip:	FT WALTON BEACH FL 32549

I hereby 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 all other like empowered.

SIGNATURE: J L BEASLEY, SR**VC****02/07/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date