


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 830900

1. Entity Name
 AMFI INVESTMENTS CORPORATION



Principal Place of Business Mailing Address

PO BOX 899 4060 BARRANCAS AVE
 DOVER, DE 19903 US PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1215272 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, C B
 4060 BARRANCAS AVENUE
 PENSACOLA, FL 32507

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YANCEY, J B
STREET ADDRESS	4060 BARRANCAS AVE.
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	VSD
NAME	SOUTHERLAND, L B
STREET ADDRESS	4060 BARRANCAS AVENUE
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	TD
NAME	HARRISON, CAROL B
STREET ADDRESS	4060 BARRANCAS AVE.
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	MAUCH, R.E.
STREET ADDRESS	4060 BARRANCAS AVE.
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	HESS, M.W.
STREET ADDRESS	4060 BARRANCAS AVE.
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000439562
 03/02/06-80005-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: C.B. Harrison C B Harrison Date: 2/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #