

Amended

08-31-2004 90003 001 **** 61.25
F03000000528

DOCUMENT # F03000000528					
1. Entity Name AMERICAN MORTGAGE CONSULTANTS OF NORTH FLORIDA INC.					
Principal Place of Business 4405 MALL BLVD., STE. 135 UNION CITY, GA 30291			Mailing Address 4405 MALL BLVD., STE. 135 UNION CITY, GA 30291		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2593496	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEFFIELD, J. HOWARD 4209 BAYMEADOWS ROAD, SUITE 4 JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MILLS, JOE 80 EMERALD DRIVE NEWNAN, GA 30265 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MILLS, ANGELA 80 EMERALD DRIVE NEWNAN, GA 30265 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	mills, Joe Vice - Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 80 Emerald Drive Newnan Ga 30265	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	mills, Joe (Secretary) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 80 Emerald Dr Newnan Ga 30265	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	mills, Joe (Treasurer) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 80 Emerald Dr. Newnan Ga 30265	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:			JOE MILLS (PRES.) 8/23/04 770 3065366		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

04 SEP -3 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08102004 Chg-P CR2E034 (10/03)

Applied For Not Applicable

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

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE:

JOE MILLS (PRES.) 8/23/04 770 3065366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #