

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002451

FILED  
May 01, 2009  
Secretary of State

Entity Name: AMERICAN HOMESAVERS, INC.

## Current Principal Place of Business:

13428 TEXAS WOODS CIRCLE  
ORLANDO, FL 32824

## New Principal Place of Business:

120 E MAPLE ST  
WINTER GARDEN, FL 34787

## Current Mailing Address:

13428 TEXAS WOODS CIRCLE  
ORLANDO, FL 32824

## New Mailing Address:

120 E MAPLE ST  
WINTER GARDEN, FL 34787

FEI Number: 27-0053500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

LOOMIS, WISNER  
12877 NEW YORK WOODS CIR  
ORLANDO, FL 32824      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

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: LOOMIS, VADER  
Address: 13428 TEXAS WOODS CIRCLE  
City-St-Zip: ORLANDO, FL 32824

Title: T      ( ) Delete  
Name: BEST, CARCOTIA  
Address: 17941 OLD C.R. 50  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP      ( ) Delete  
Name: PLASS, MILLIE  
Address: 349 WALPOLE LOOP  
City-St-Zip: DAVENPORT, FL 33897

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Change ( ) Addition  
Name: BEST, CARLOTTA  
Address: 17941 OLD C.R. 50  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP      (X) Change ( ) Addition  
Name: BUENO, CAROL  
Address: 8431 FORT THOMAS WAY  
City-St-Zip: ORLANDO, FL 32822

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VADER LOOMIS

P

05/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date