

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028012

FILED
Apr 29, 2005
Secretary of State

Entity Name: AMERICAN FAMILY LENDING CORPORATION

Current Principal Place of Business:

1628 DALE MABRY HWY
STE 103
LUTZ, FL 33549

New Principal Place of Business:

1018 N. WARD STREET
TAMPA, FL 33607

Current Mailing Address:

1628 DALE MABRY HWY
STE 103
LUTZ, FL 33549

New Mailing Address:

1018 N. WARD STREET
TAMPA, FL 33607

FEI Number: 59-3704652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANLEY, MICHAEL A
1018 N. WARD STREET
TAMPA, FL 33607 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANLEY, MICHAEL A
Address: 19804 WYNDHAM LAKES DR
City-St-Zip: ODESSA, FL 33556 US

Title: D () Delete
Name: PAPPAS, JAMES T
Address: 1018 N WARD ST
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL A. MANLEY

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date