2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# P02000095260

Entity Name: AMERICAN MUTUAL INVESTMENT CORPORATION

Current Principal Place of Business:

1742 IMPERIAL PALM DR.
APOPKA, FL 32712

New Principal Place of Business:

1618 HORSESHOE ROAD
ENTERPRISE, FL 32725

Current Mailing Address:

1742 IMPERIAL PALM DR.
APOPKA, FL 32712

New Mailing Address:

1618 HORSESHOE ROAD
ENTERPRISE, FL 32725

FEI Number: 22-3868832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PREST, COLIN
1742 IMPERIAL PALM DR.
APOPKA, FL 32712

Name and Address of New Registered Agent:

PREST, COLIN
1618 HORSESHOE ROAD
ENTERPRISE, FL 32725

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: COLIN PREST 05/01/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PREST, COLIN
Address: 1742 IMPERIAL PALM DR.
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: CRAIG, TERRY
Address: 872 BLAIRMONT LANE
City-St-Zip: LAKE MARY, FL 32746

Title: D (X) Delete
Name: REED, DONALD L
Address: 2187 EAST GAUTHIER ROAD #349
City-St-Zip: LAKE CHARLES, LA 70607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PREST, COLIN
Address: 1618 HORSESHOE ROAD
City-St-Zip: ENTERPRISE, FL 32725

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: COLIN PREST D 05/01/2004
Electronic Signature of Signing Officer or Director Date