

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134342

FILED
Apr 14, 2007
Secretary of State

Entity Name: AMERICAN MUTUAL OF FLORIDA, INC.

Current Principal Place of Business:

PO BOX 855
SHALIMAR, FL 325790855

New Principal Place of Business:

124 E WRIGHT ST
PENSACOLA, FL 32501

Current Mailing Address:

PO BOX 855
SHALIMAR, FL 325790855

New Mailing Address:

FEI Number: 27-0072056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BREAZEALE, B. THOMAS II
39 MAPLE AVE.
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

MONETARY MANAGEMENT SYSTEMS, INC.
39 MAPLE AVE.
SHALIMAR, FL 32579 US

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: B.T. BREAZEALE II

04/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BREAZEALE, B. THOMAS II
Address: 39 MAPLE AVE.
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: HALEY, EDWARD P
Address: 900 NORTH SHORE DRIVE STE 109
City-St-Zip: LAKE BLUFF, IL 60044

Title: D () Delete
Name: HALEY, ANDREW M
Address: 900 NORTH SHORE DRIVE STE 109
City-St-Zip: LAKE BLUFF, IL 60044

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GILBERTSON, PETER
Address: 7126 JASPER STREET
City-St-Zip: NAVARRE, FL 32566

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

SIGNATURE: EDWARD P HALEY

D

04/14/2007

Electronic Signature of Signing Officer or Director

Date