

2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-06-2006 90010 023 ***150.00
P04000105798

FILED

06 APR 13 AM 9:48

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000105798

1. Entity Name
AMERICAN INVESTMENT & TRUST CORP.



Principal Place of Business
3143 ARBOR LANE
HOLLYWOOD, FL 33021

Mailing Address
3143 ARBOR LANE
HOLLYWOOD, FL 33021

2. Principal Place of Business
2901 STIRLING RD
Suite, Apt. #, etc.
307

3. Mailing Address
2901 STIRLING RD
Suite, Apt. #, etc.
307

City & State
FT LAUDERDALE, FL

City & State
FT LAUDERDALE, FL

Zip
33312

Country

Zip
33312

Country

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1377458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SAMUELS, HARRY M
3143 ARBOR LANE
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2901 STIRLING RD
307
City
FT LAUDERDALE FL Zip Code
33312

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 *Harry M Samuels* DATE 3/29/06

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	P DAUGHENBAUGH, STEVEN L 4121 CROSS BEND DRIVE #100 ARLINGTON, TX 76016 <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	V DAUGHENBAUGH, SHERRI K 4121 CROSS BEND DRIVE #100 ARLINGTON, TX 76016 <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	<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	<i>Signature</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Steven L. Daughenbaugh* DATE 04-02-2006

DAYTIME PHONE #

STEVEN L. Daughenbaugh