

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119209

Entity Name: AMERICANFIRST BANK

FILED
Jan 20, 2006
Secretary of State

Current Principal Place of Business:

1060 W. HWY 50
CLERMONT, FL 34711

New Principal Place of Business:

1060 E. HWY 50
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 121548
CLERMONT, FL 347121548

New Mailing Address:

FEI Number: 13-4285865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAWSON, WILLIAM E
Address: 1803 ROSEWOOD DR
City-St-Zip: CLERMONT, FL 32714

Title: D () Delete
Name: PARSONS, DALE H
Address: 112 CAMPHOR TREE LN
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: PARSONS, RAY C
Address: 1600 REGAL COVE CT.
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: POTTS, DONALD E
Address: 5256 TIMBERVIEW TERRACE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: RICHTER, DENNIS G
Address: 1021 FAIRVIEW DR
City-St-Zip: LAWRENCEBURG, IN 47025

Title: D () Delete
Name: ROSARIO, JESUS A
Address: 17318 SUMMER SUN CT.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: RYAN, SCOTT
Address: 1220 DOUGLAS AVE UNIT 107 A
City-St-Zip: LONGWOOD, FL 32779

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: HARVEY E. BUCKMASTER

SRVP

01/20/2006

Electronic Signature of Signing Officer or Director

Date