

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148763

FILED
May 11, 2005
Secretary of State

Entity Name: AMERICAN MORTGAGE AND INSURANCE CONSULTANTS, INC.

Current Principal Place of Business:

PO BOX 443
BRONSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

PO BOX 443
BRONSON, FL 32621

New Mailing Address:

FEI Number: 20-1872795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARNER, GLEN
4251 NE 107TH CT
BRONSON, FL FL32621 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: PERNA, GARY
Address: PO BOX 443
City-St-Zip: BRONSON, FL 32621

Title: V () Delete
Name: GARNER, GLEN
Address: PO BOX 443
City-St-Zip: BRONSON, FL 32621

Title: V () Delete
Name: BENDIKS-PERNA, SOHNI
Address: PO BOX 443
City-St-Zip: BRONSON, FL 32621

Title: V () Delete
Name: GARNER, LIZETTE
Address: PO BOX 443
City-St-Zip: BRONSON, FL 32621

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:

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: GARY PERNA

P

05/11/2005

Electronic Signature of Signing Officer or Director

Date