


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P18437 1. Entity Name AMERICAN APARTMENT MANAGEMENT COMPANY, INC.	
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Principal Place of Business 1504 RIVERVIEW TOWER 900 S. GAY ST. KNOXVILLE, TN 37902	Mailing Address 1504 RIVERVIEW TOWER 900 S. GAY ST. KNOXVILLE, TN 37902
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0882160	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENTON, FRED D 29 S ISLAND DRIVE NORTH KEY LARGO, FL 33037

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWNBY, PATTY 900 S. GAY ST. STE. 1504 KNOXVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAGEL, DAVE 900 S. GAY ST. STE. 1504 KNOXVILLE, TN 37902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, JENNIFER 900 S GAY STREET, STE 1504 KNOXVILLE, TN 37902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, FRED D. 900 S. GAY ST. STE. 1504 KNOXVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERWARD K. TRENT QTIP MARITAL TRUST DEVELOPMENT 1ST TN BANK KNOXVILLE, TN 379951230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1101000058587
02/20/04-80044-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Jennifer Jones	1/15/04	865-525-7500
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>